Incapacity-related benefit claiming: a battle for legitimacy?

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A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy

Edge Hill University 2021

June 2021

ABSTRACT

From the Poor Law, through to the present day, it is possible to track a persistent impetus to disincentivise financial subsistence for people out-of-work. However, the extension of this phenomenon to people unable to work due to sickness or disability is more contemporary. The increasing dominance of a neoliberal political economy has reframed the chronically ill and disabled as part of the "undeserving" poor within the social security system. This thesis sets out to explore how men, who experience mental illness and claim incapacity-related benefits negotiate the changing welfare system. It utilises the Free Association Narrative Interview method (Hollway and Jefferson, 2013) to examine the lives and experiences of seventeen men living in Liverpool, in the North of England. This study aims to understand the effect of such a shift on this group's experiences and how they have come to reconcile their position in society against a backdrop characterised by increased surveillance and scrutiny. In doing so, it details how, despite the personal and societal challenges they face, a marginalised group resiliently continue to seek security, belonging and unity.

As the study findings show, navigating the increasingly conditional welfare state for the participant group, is a battle for recognition of legitimacy, and therefore 'deservingness'. Engaging in this 'battle' risks causing trauma or re-traumatising vulnerable populations, such as those experiencing mental illness. Social connections provided a tool of resistance to help marginalised individuals to legitimise their own identity or to foster a new identity (i.e., from worker to volunteer). However, the detrimental impacts of welfare reforms have made the socially valuable contributions of the participants steadily more insecure. Findings indicate austerity-driven withdrawal of social provisions result in family and friends providing what support they can, and this falls much more heavily on women. Fundamentally, this research demonstrates the need for a better understanding of the lives of sick and disabled people, and to subsequently remould a fairer, more accessible welfare system.

ACKNOWLEDGMENTS

Firstly, and most importantly, I want to thank the seventeen men who gave their time, to meet with me and share their stories, without which this thesis would not exist. They spoke to me candidly, courageously and with unique Scouse humour and wit. I hope I have done some justice to their experiences and deeply wish each and every one of them the best in the future. Also, thank you to all of the organisations and vital workers within them, who whilst facing their own difficulties, made this possible and continue to support people.

There are so many people throughout the last four years that have offered insights and advice, all of whom would be impossible to list but the following should begin to. I feel so grateful to have been guided by such a kind and constructive supervisory team. Dr Marian Peacock for your empathy, Dr Stephen Clayton for your honesty and Dr Daniel Sage for your logic. Your suggestions have been invaluable to the thesis but more significantly, you have helped to build my confidence as a researcher. I would also like to thank Professor Paola Dey who was on the team for the first year and provided a unique perspective which helped shape this thesis.

This thesis has travelled with me from Liverpool, back home to Belfast and now living and working in Hanoi. Throughout I have been surrounded by a multitude of amazing women - I am so thankful for you all, the stimulating discussions we have and for your words of encouragement. A special thanks is owed to Ella and Bex – two Southern stars for putting up with me and providing homecooked food, an escape and laughter. To Danielle, you are one of the strongest people I know and I'm glad we started this interesting journey together – making sure we stay students forever. To Nancy and Zoe, you have been my PhD sisters without whom I would not have made it to this point. I am so proud of where we are on our 'journeys' and inexplicably excited to follow where we continue to!

I owe a huge debt of gratitude to my family who have been unconditionally supportive, including my sister Aoife and beautiful niece Luna. I would like to thank Emma, Ruby and Cian for providing much needed distractions and reminders to relax and have some craic. A special thanks goes to my 'wee' Sister Sian and Uncle Paul who proofread parts of this work (although all errors are definitely my own). Finally, I would like to thank my Mum and Dad for everything they do and for raising me with the confidence to be curious and question why things are the way they are. I hope that this makes you proud.

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Abbreviations and Acronyms

Policy Related

ALMP	Active Labour Market Programme
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GP	General Practitioner
IB	Incapacity Benefit
IRBs	Incapacity-related benefits
IVB	Invalidity Benefit
JCP	Jobcentre Plus
JSA	Jobseeker's Allowance
MWA	Mandatory Work Activity
NHS	National Health Service
ONS	Office for National Statistics
PIP	Personal Independence Payments
SG	Support Group
UC	Universal Credit
UC (LCW)	Universal Credit (Limited Capability to Work)
WCA	Work Capability Assessment
WFIs	Work-Focused Interviews
WP	Work Programme
WRAG	Work-related Activity Group
YTS	Youth Training Scheme

Health Related

ADHD	Attention deficit hyperactivity disorder
COPD	Chronic obstructive pulmonary disease
CPN	Community psychiatric nurse
DVTs	Deep vein thrombosis
OCD	Obsessive compulsive disorder
PTSD	Post-traumatic stress disorder

CHAPTER 1
INTRODUCTION

From the Poor Law, through to the present day, it is possible to track a persistent impetus to disincentivise financial subsistence for people out-of-work. However, the extension of this phenomenon to people unable to work due to sickness or disability is more contemporary. The increasing dominance of a neoliberal political economy has reframed chronically ill and disabled people as part of the "undeserving" poor within the welfare system. The British welfare state has experienced major reconstruction and diversification over the last four decades and this doctoral research was conducted against a backdrop of ongoing cuts to welfare. These changes have had a turbulent impact on the provisions available for people claiming 'incapacity-related benefits'. Incapacity-related benefits (IRBs) is an umbrella term encompassing the range of income replacement benefit for people with a health condition or disability, currently, the foremost benefit is Employment Support Allowance (ESA).

This thesis aims to understand the lives of men who experience mental illness and are long-term recipients of IRBs. It will examine how this process of continuous 'reform' of social security, including increased scrutiny and surveillance, has affected their day-to-day lives; thus, enhance society's perception of issues experienced by marginalised groups. In doing so, it provides a critical contribution to challenging dominant and stigmatising narratives of long-term benefit claimants, often as lazy and/or fraudulent (Garthwaite, 2014; Wright and Patrick, 2019) and the failure of welfare 'reforms' to address the hardships people with complex needs face.

The increasingly conditional and punitive benefits system contrasts sharply with the popular media and political framing of being an IRB recipient as a comfortable or easy lifestyle choice. Instead, this study captures the essence of how current welfare processes impact people's lives through ongoing uncertainty. Governments of different political hues have stated the need to integrate IRB claimants into wider society, however, there is a lack of exploration into day-to-day lives of such groups and little attention paid to their own experiences and values. This thesis seeks to contribute to the growing number of empirical studies that explore the lived experiences of benefit claimants (including but not limited to: Shildrick et al., 2012; Garthwaite, 2014; MacDonald et al., 2014; Wright, 2016; Patrick, 2017) as well as research considering mental health and men's experiences more specifically.

This study emerged from my desire to give voice to experiences of a group I perceived to be neglected in the wealth of public debate around welfare reform. The title of this thesis asks whether those who experience welfare reform are engaged in "a battle for legitimacy". The

Cambridge Dictionary (2020, unpaginated) defines legitimacy as “the quality of being based on a fair or acceptable reason” and “the quality of being allowed and acceptable according to the law”. In this research, the metaphor of ‘battle’ seeks to capture the struggle IRB claimants must engage in to convince authority that they are sick and therefore ‘deserving’ and legitimately worthy of social security. I have felt conflicted using the term ‘battle’ to describe this exchange as I am concerned it suggests a fair or equal encounter. This is not the case as the state assumes all power in this context and the disempowerment, anxiety and fear felt by participants around the upheaval and reforming welfare state is palpable as can be seen throughout the findings chapters (6-9).

Employing the Free Association Narrative Interview (FANI) method, which sits within the psychosocial interdisciplinary field, allows the consideration of the participant group as products of their own unique psychic worlds as well as a shared social world (Hollway and Jefferson, 2013). The FANI method of respondent-driven data elicitation is intended to reduce the hierarchical relationship of the research context, to place the voices and experiences of participants at the core of the research and recognise their place in knowledge production (ibid.). This thesis also draws upon fields of social policy, sociology, and public health and represents an inter-disciplinary study of IRB receipt.

This introductory chapter sets out the context for this study. Firstly, it seeks to address some of the key questions about the participant group who are men claiming IRBs, experiencing mental illness and living in Merseyside. The intention is to give an overview of the policy context (explored in more depth in Chapter 2), whilst also providing rationale for the research focus. The overarching research aims and questions are then outlined, followed by an overview of the thesis structure. Names have been changed and replaced with pseudonyms throughout this thesis to protect the identities and interests of those involved in the research.

1.1 Policy Context

This section provides a brief policy synopsis relevant to the study as the next chapter tracks in detail welfare policies, and changes, impacting on the participant group.

The 2010 Conservative-Liberal Democrat Coalition government made the political choice to deal with the deficit from the 2008 financial crisis through austerity, a set of political-economic policies that aim to reduce government budget deficits through significant cuts to public expenditure (Cooper and Whyte, 2017). A major justification for these cuts was the 'failings' of the welfare state, with the then Prime Minister David Cameron insisting that spending on welfare had reached an untenable high. This is illustrated by Lord Freud, former Minister of State for Welfare Reform in the Coalition government of the time, who stated in his 2014 speech,

> *"We had a system that was actually pushing people away from being in control of their lives. So we started changing this, bringing in measures to help people find the right kind and level of activity for them, and designing a benefits system that didn't assume people were incapable". (Freud, 2014)*

The original stated plan was to end austerity by 2015–2016, however in 2017, after a snap general election, the government confirmed its decision to extend austerity policies indefinitely (Kerasidou and Kingori, 2019). This doctoral study began in 2017 under a Conservative government still following an austerity agenda. As will be explored, the last decade of social security has been characterised by austerity-driven cuts, increased welfare reform and welfare-related stigma.

From 2010, the Conservative-Liberal Democrat Coalition government initiated £28 billion worth of cuts to disabled people's income, including cuts to council tax support and the introduction of the spare room subsidy (commonly referred to as 'bedroom tax') (Ryan, 2019). Alongside this a range of benefit sanctions have been introduced to provide greater conditionality into IRB receipt; meaning ESA payments could be reduced until recipients meet compliant conditions, such as taking part in a work-focused interview. The impact of such reform is complex. As described, the participants in this study claim IRBs due to experiencing mental illness. The umbrella term 'incapacity-related benefits' (IRBs) has been adopted specifically to capture a variety of relevant benefits. I have intentionally chosen the acronym 'IRB' and not 'IB' to avoid confusion with 'Incapacity Benefit' which was a specific benefit for people who could not work due to sickness or disability (s.2.2). 'Incapacity Benefit' was replaced by Employment Support Allowance (ESA) in 2011.

At the time of writing, ESA is the main IRB, and in May 2018 of the 2.25 million claimants of ESA, 51% were recorded as having a mental or behavioural disorder as their main condition (House of Commons, 2018). Personal Independence Payment (PIP) is an IRB which helps claimants with the extra costs of disability and has replaced Disability Living Allowance (DLA) for working-age claimants. As of October 2018, of the total 1.99 million claimants of PIP, 35% were recorded as having a mental or behavioural disorder as their main disabling condition (House of Commons, 2018). The Department for Work and Pensions (DWP) does not publish statistics on how many claimants have a mental or behavioural disorder in addition to another condition which is their main disabling condition. Therefore, the total numbers of ESA and PIP claimants with a mental or behavioural disorder will be greater than those stated previously.

ESA and PIP claims share much in common; both require assessment by an independent provider, of the functional impact of a claimant's condition. This is based on a completed medical questionnaire, supporting clinical evidence and, potentially, face-to-face assessment. ESA provides a basic day-to-day income for a claimant unable to work full time due to illness and/or disability, whereas PIP provides a supplement for the increased costs of living with disability. Claimants may receive either benefit, or both, if eligible. Both benefits are being slowly phased out and replaced by Universal Credit (UC), a social security payment combining and replacing six benefits for working age people who have a low household income (s.2.6).

In the UK, people with severe mental illnesses are the largest group claiming working age sickness benefits (Galloway et al., 2019). Various terms such as ‘mental illness’, ‘mental distress’ and ‘mental health problems’ are used to describe a range of symptoms which affect a person’s ability to undertake ‘normal’ daily activities. The Mental Health Act 1983 definition of ‘mental disorder’ was amended by the Mental Health Act 2007 to ‘any disorder or disability of the mind’. Previously, a person who could provide medical evidence that they were suffering from severe mental illness would automatically have been treated as incapable of work and would not have needed to undergo medical examination to receive IRBs. When ESA was introduced in October 2008 the category of ‘severe mental illness’ was removed, as was automatic exemption from assessment. Evidence is emerging of welfare reforms having adverse impact on those with mental health conditions who are disproportionately more likely to have had their benefits sanctioned (Galloway et al., 2019). This process will be detailed in the following chapter (s.2.4).

Men continue to represent the majority of the population claiming IRBs because of mental health and behavioural disorders, making up 53% of this population (NOMIS, 2018). Through reviewing literature (s.3.2) it has been evident that men in long-term receipt of IRBs are not regularly targeted for research in this area. The table below, created from information provided

by the DWP through NOMIS (web) illustrates that the male population of claimants, although only marginally, is higher in each group. It is important to explore the different gender dynamics to claiming social security. The foundations of welfare and dependency are gendered with the male role traditionally of 'breadwinner' (see Chapter 8).

Figure 1: Breakdown of duration of IRB claim at February 2018 [NOMISweb.co.uk, 2018]

Duration	Male	Female	Total
Up to 3 months	39,090 (4.2%)	34,500 (3.9%)	73,590
3-6 months	34,010 (3.6%)	30,360 (3.4%)	64,370
6 months up to 1 year	58,420 (6.2%)	55,060 (6.1%)	113,480
1-2 years	110, 630 (11.8%)	106,950 (11.9%)	217,570
2-5 years	347,130 (36.9%)	326,280 (36.4%)	673,410
5 years and over	351,460 (37.4%)	342,950 (38.3%)	694,400
Unknown duration	~	~	~
Column total	940,730 (51.2%)	896,090 (48.8%)	1,836,820

Always existing to some degree, in popular media post-2010 disabled people and their welfare receipt became a target for vilification with amplified portrayals of 'bogus' IRB claimants (Garthwaite, 2011; Baumberg-Geiger, 2016; Jensen and Tyler, 2018), discussed further in the next chapter. These portrayals often conflate the signs and symptoms of mental illness with individual moral failings. Ryan (2019, p.24) posits that the increased stigma for IRB claimants is an intentional government decision to justify cuts as, "only if large numbers of disabled people were falsely claiming benefits could a government promise to reduce payments before anyone had even been reassessed." Although this stigmatising 'shame and blame' (Scambler, 2018, p.771) of working-class people and benefit claimants is not new, it is its explicit focus on sick and disabled people that is important for this research.

Mental health has received increased interest from governments and attention has turned to the role of stigma in limiting the opportunities of people experiencing mental illness. Reflective of wider societal shifts, prominent media campaigns such as 'Heads Together', led by the Duke and Duchess of Cambridge and Prince Harry, and 'Time to Change' run by Mind and Rethink Mental Illness, seek to address the stigma experienced by people with mental illness and distress. Many of these campaigns target men, as stigma is believed to particularly impact this group. In 2017, 5,821 suicides were recorded in Great Britain, of these 75% were men and suicide was the leading cause of death for men under the age of 50 (Office for National Statistics, 2017). Arguably, there is an 'acceptable' face of male mental illness - often

represented by hyper male roles such as prominent sportsmen, whereas there may be only a few representations of men with complex histories of poverty, abuse, crime and drug use linked to their mental health. The absence of representations and voices of men with these complex histories was a key motivating force of this study.

In an era in which social inequality and mental illness are increasing, some contend the experiences of those with mental health impairments are being discredited, and their collective rights to social security diminished compared with others (Pybus et al., 2020). To consider mental health to be an illness like any other de-contextualises distress. Socioeconomic factors such as deprivation, unemployment and financial difficulties have well-documented links to mental illness, therefore the rise of mental illness during a period of austerity is predictable (Pybus, 2018). People living in poverty and people with mental health problems have been hit the hardest by austerity policies due to simultaneous cuts to welfare benefits and social services (Levitas, 2012; Hasting et al., 2015; Cummins, 2018) which further exacerbates isolation and experiences of poverty. Crucially, this means mental illness does not randomly affect 'one in four people', as media campaigns often inform us, but is concentrated in those experiencing socioeconomic deprivation (Pybus et al., 2020). Austerity-related cuts have had the hardest impact on deprived communities in the North of England which are enduring the highest poverty rates (Centre for Cities, 2019). These measures have increased negative consequences for welfare recipients' mental and physical health (French, 2018). Concurrently, welfare and community services are under increasingly financial pressure to respond to increased demands with reduced budgets (Cantillon et al., 2017).

Liverpool, where this research was conducted, is a city which owes much of its early growth to the development of its port during industrialisation. Its loss of status as 'Gateway to Empire' and subsequent adjustment to global economic change has had massive economic and social impacts (Meegan, 2003). Between 2010/2011 and 2014/2015, Liverpool experienced the greatest reduction in central government funding of the country's eight core cities (Kennett et al, 2015). Under political austerity and financial insecurity, government spending by local authorities has been cutback heavily and such measures have been unevenly redistributed, hitting the poorest communities hardest (ibid.). Liverpool contains some of the most disadvantaged areas in the UK in terms of employment and income (Lavalette, 2017) and has the largest number of people in the most deprived 1% of neighbourhoods nationally (Kenyon et al., 2018). It has the highest unemployment rate of any British city when 'hidden' unemployment is considered (Centre for Cities, 2019) and according to the End Child Poverty coalition around one in every five children in Merseyside is now living in poverty (21%) - although that figure is higher in some areas than others (Tyrell and Gouk, 2020).

1.2 Aims and Research Question

In this thesis, a policy focus on welfare reform and its connection to increased stigma is married to a broader exploration of the experiences of relying on incapacity-related benefits due to mental illness. The main research focus within this study was as follows:

> "How do men, who experience mental illness and claim incapacity-related benefits, negotiate the changing welfare system?"

Overall, then, this study seeks to generate new knowledge and understanding regarding the lived experiences of incapacity-related benefit (IRB) recipients against a backdrop of austerity and welfare reform. In this instance, 'lived experience' is understood to describe "representation and understanding of a researcher or research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge" (Boylorn, 2008, p.490: cited in McIntosh and Wright, 2018, p.454).

In this thesis the exploration of mental illness and long-term IRB receipt is grounded in the everyday lived experience of austerity and welfare reform. There is a focus on individual narratives, highlighting both commonality and diversity in experience of, and response to, welfare reform and how individuals manage and negotiate their identities. This emerged from a personal desire to avoid assuming that IRB claiming is the master-narrative for the person and instead look to the biography and structural context in which narratives are constructed. Hence, the starting point is not the men as benefit claimants but instead a holistic exploration of their lives and subsequently how claiming IRBs impacts on their wider lived experiences; something which I would argue that the benefit system fails to consider. It may seem contradictory to emphasise the individual experiences, complexity and resilience of the men interviewed as well as the collective experience for the participant group, but I hope throughout I have been able to achieve this.

Answering the study's research question, with its interest in exploring holistic experiences, led to the selection of a psychosocial approach. Chapter 4 details the psychosocial method adopted, Free Association Narrative Interviewing (FANI) (Hollway and Jefferson, 2013), which is centred on eliciting stories on the terrain of the narrative giver. This study is one of the first to draw on psychosocial research in direct relation to the 'lived experience' of IRBs (as well as incorporating gender and mental distress). Throughout, the empirical analysis is rooted in a broader concern with lived experiences of this group, as well as what insight they contribute to increasing our understandings of how IRB claiming can be improved for people experiencing mental health problems.

The research aim and subsequent method led to some of the more arguably unique findings, such as social connections (Chapter 6) and the role of women (Chapter 8), not directly linked to welfare reform. In doing so, this study provides a contribution to the growing body of evidence indicating that increased conditionality and surveillance attached to social security receipt is damaging to social identity, furthering deteriorating mental health, and intensifying inequalities for marginalised people. This feeds into an overarching intention of this study: to enhance society's perception of relevant issues experienced by marginalised groups and to challenge stereotypes which are weaponised by a political hue.

I have had the responsibility of production of this thesis, but my interpretations have been produced with consultation and extensive discussion with my supervisory team.

1.3 Structure of the thesis

The narratives which have been shared, and afterward directed this research, are the cornerstones of this study. They do not appear significantly until Chapter 5, as the first half of the thesis seeks to assist the reader in understanding the backdrop which informs the experiences of the individuals interviewed. **Chapter 2** provides a brief policy overview beginning in the Poor Laws and tracking welfare reform to the present day. The argument which emerges is that the neoliberal reform of the welfare state has been legitimised by the increased stigmatisation of IRB recipients (Tyler, 2013). The role of politicians and the popular media are scrutinised with examples provided of the pervasive influence of rhetoric and negative depictions of people 'dependent' on welfare. A narrative literature review in **Chapter 3** presents the core research relevant to the thesis and emphasises the interdisciplinary nature of this research. The literature centres around three main themes – the psychosocial dimensions of social class; experiences of IRB claimants; and gendered experiences of welfare receipt. It illustrates a gap in research which explores the experiences of men claiming IRBs due to mental health problems.

Chapter 4 discusses the research methodology used in the thesis, Hollway and Jefferson's (2013) Free Association Narrative Interviewing (FANI) method. FANI was utilised to access an alternative take on the subjective lived experience of welfare reform which differs from other previous work in this area. This chapter details how I employed the method in the research and discusses some methodological strengths and weaknesses. The recruitment process and ethical considerations, along with collecting data and analysis processes are also explained. My own reflections are also discussed in this chapter, providing an insight into the co-production of data.

Chapter 5 introduces each of the 17 participants to provide some understanding of the backgrounds of the individuals who have taken part in the project. In this chapter the uniqueness of each of the men interviewed is apparent, alongside the similarities of experiences shared between participants. It is through these shared lived experiences that I have drawn links between personal circumstances that led to the key findings of this research. This chapter begins to illustrate how the complexity of the narratives gathered are symptomatic of context and personal experiences. The homogenised stereotype of lazy, fraudulent claimants constructed in political and media discourse masks the reality of complex and creative people.

The first finding chapter, **Chapter 6**, outlines how participants seeking to negotiate and manage demands from the social security system, draw on social capital. 'Social capital' in this context is drawn from a broad sociological understanding to describe the benefits derived from social connections (Bourdieu, 1986). As will be demonstrated, for the participant group social capital has been fractured: on the individual (psychological) level due to their mental health experiences, and on the societal (social) level, due to the severe dismantling of services under austerity. The second section of this chapter describes participants' process of overcoming adversity and being resourceful in attempting to build and maintain social connections. It illuminates that activities, of volunteering or participating in community groups, provide the opportunity for participants to connect with others that understand their defended characteristics: their status as mentally ill, unemployed and working-class.

Chapter 7 details how the welfare system increasingly scrutinises an individual's legitimacy with regards to their status as a benefit claimant, and their 'sick' identity. The first half of this chapter outlines participants' anticipations around initial access to, and fear of, correspondence from the DWP and the worry and distress these caused. It is demonstrated that bureaucratic procedures, derived from neoliberal welfare reforms, risk re-traumatising people with mental health problems. Participants experienced the claim, assessment and appeal processes as confusing and threatening, with detrimental effects on their mental health. Welfare receipt is conditional on 'passing', meaning participants are expected to perform an identity which conveys they are 'sick enough' to receive financial support. The second section of Chapter 7 explores how participants convey that they are 'deserving' IRB claimants. This neoliberal subjectivity intensifies individual responsibility and self-blame and for participants, this leads to fatalistic attitudes that reinforce a feeling of failure caused by 'losing' the 'battle'.

Chapter 8 illustrates the role of women throughout the men in this study's 'battle for legitimacy'. Under austerity women experience benefit cuts, rising work insecurity and

reduction in support service provision (Fraser, 2013; Durbin et al., 2017; Emejulu and Bassel, 2018) as well as expectations of providing care for family members as a substitute for a welfare state (Craddock, 2016; Greer-Murphy, 2017). This chapter is divided into four sections 'breadwinner reversal', 'mothers', 'legitimate family man' and 'loss of legitimacy' which are demonstrated through participant case studies. Doing so, it considers how it has predominantly been women who have taken up the role of providing both psychological/social/emotional and financial support for their child/partner/loved one.

Finally, **Chapter 9** draws the thesis to a conclusion, summarising the research, its findings and discussing some of the implications of said findings. This chapter draws the results of the research together, using them to summarise and provide a more general critique of the current political context and the treatment of the participant group. It concludes with a consideration of the implications for further research, alongside key messages for policy makers.

CHAPTER 2
THE PERSISTENCE OF BENEFIT STIGMA

Introduction

This chapter argues that a product of the hegemony of the neoliberal project is an increasingly punitive welfare system, which reinforces stigma for incapacity-related benefit claimants. It will first consider the formation of the welfare state; evidencing the division between those who were seen as deserving and not deserving of benefits. It will then track the 'neoliberal turn' and how this has influenced welfare reforms, which, I argue, feed into the stigmatisation of benefit claimants. A detailed outline of welfare reforms are provided, concentrated upon the reforms which directly affect the participants in this study. A key welfare policy timetable is available in 'appendix 1' for a concise chronological outline of the policies discussed.

Goffman's description of stigma as "the situation of the individual who is disqualified from full social acceptance" remains highly influential (Goffman, 1963, preface). Stigma has recently been the subject of recharged sociological attention, with contemporary theorists critiquing and reconceptualising Goffman's (1963) understanding of the concept (see Scambler, 2006; Tyler, 2013; Link and Phelan, 2014). Tyler and Slater (2018, p.729) summarise the claims made by Goffman (1986):

> "[F]*irst, that stigma is a perspective which is 'generated in social contexts' (p.138); second, that people learn to manage the potentially devastating effects of being socially stigmatised, by employing strategies of identity management, such as passing and concealment; third, … that stigmatisation is historically specific in the forms it takes; and finally, that stigma functions 'as a means of formal social control' (p.139)"*

While Goffman's definition of stigma as a social process and marker of social disrepute remains principally unchanged, the focus on stigma as a means of social control emphasises its function as a political tool. In this way, the stigmatisation of those who seek social security from the UK welfare system can be understood as part of the state's armoury used to legitimise the existing social, economic, and political order. Further, Goffman distinguishes between stigma that is associated with a physical deformity and stigma that is associated with character blemishes (Goffman, 1968). Benefit claimants may fear accusation of such "character blemishes" which include weak will, dishonesty, addiction and mental illness (Glenton, 2003, p.2244). In light of this, I consider the ways in which stigma is used as a political tool and how this has shifted under a changing political environment.

2.1 Stigma and Welfare Foundations

Some degree of financial assistance for people who are unable to work has been available since the 16th Century Poor Law provisions and it is beyond the scope of this chapter to detail the history of these policies to the present. Alternatively, it will concentrate on the moral judgements and policy intentions embedded in the political decisions, focusing on the Poor Law Reforms, Beveridge Reforms, and changes to disability social security from the formation of the welfare state to the present. Crucially, considerable continuity can be seen between the policies of the Poor Law (1834) and those of the 1980s (Dean and Taylor-Gooby, 1992; Grant, 2011) and beyond, in that relying on state assistance has, to some extent, always been stigmatising, particularly for those deemed to be 'undeserving' (Jensen and Tyler, 2015). As will be explored, this moral perspective was built into the system.

The Poor Law created a distinction between those who were able and expected to work and those who were not (Marshall, 1985; Stone, 1985). The 1834 Poor Law Amendment Act laid the foundations of stigma and distrust through the principle of 'less eligibility'. 'Less eligibility' meant that assistance given to the poor must be less attractive than working and helped to create a distinction between those who were able to work and those who were not (Marshall, 1985) which created an environment of suspicion. According to Stone (1985, p.29) it became necessary to distinguish between three categories: the "genuinely disabled person" and "honest beggars" (both of which were accepted as deserving), and thirdly those who were "illegitimately attempting to portray themselves" as falling into those two categories. Grant (2011) suggests these divisions sparked the social construction of disability. This simultaneously, and not necessarily intentionally, began to form a connection between disability and suspicion of lazy, dishonest, 'undeserving' and criminal behaviour (ibid.).

Notions of deserving and undeserving 'poor' (or claimants) have been maintained through successive periods of welfare reform. The Beveridge Report (1942) greatly influenced the direction of the welfare state that we now recognise. Beveridge (1942) recommended full employment, managed by the state, combined with insurance provision for 'unemployment and disability' (Tindley, 2011; Greer-Murphy, 2018). However, 'less eligibility' was still important and unemployed people could be expected to a "attend a 'work or training centre'" (Garthwaite, 2013, p.34). The insurance provision would not be paid indefinitely, as the Beveridge Report assumed a return to work at some point:

> *"The making of insurance benefit without means test unlimited in duration involves of itself that conditions must be imposed at some stage or another as to how men in*

receipt of benefit shall use their time, so as to fit themselves or to keep themselves fit for service." (Beveridge, 1942)

An important distinction here is that disability and unemployment were separate issues. Those who were accepted as disabled were viewed to be 'deserving' of state assistance and did not face the barriers to social security put in place by the principle of 'less eligibility'. For the first 13 weeks of disability due to "industrial accident or disease" a claimant would be treated as other disabled people (Garthwaite, 2013, p.23). If they remained ill they could continue to claim benefits indefinitely on the condition that they took medical treatment, retraining or claim an industrial pension (ibid.). Hence, conditions attached to receiving benefits have always existed per se, but this was a relaxed measure.

Arguably, in the post-war period, the stigma associated with social assistance was less pervasive (Glennerster, 1995). The following sections map out how these distinctions and conditions have been fundamentally altered, with 'the deserving poor' being more narrowly defined and large numbers of sick and/or disabled people being transferred into the 'undeserving' group. Beyond considering whether they were ever truly achieved, the fundamental objectives of social security have been transformed since the foundation of the welfare state (Bradshaw, 2015; Patrick, 2015). Originally orientated around security and protection, the following sections will explore how social security is increasingly seen as effective only if it is an active agent in encouraging and compelling people to make changes in their lives, principally re-employment, achieved through stigmatising social policies.

2.2 Neoliberal Turn

The period of growth between 1945 to the early 1970s required an expanded labour force; this was largely provided by an influx of migrant workers and women, while disabled people and the long-term sick largely remained marginalised and overlooked (Grant, 2011). The 1970s saw the growing influence of neoliberalism, an economic doctrine developed from work by Hayek and Friedman (De Vogli, 2011). The rise of neoliberal-influenced policies from the 1970s was extended and implemented by conservative governments in the US, led by Reagan, and UK, led by Thatcher. Beyond economic ideals, neoliberalism has ideological underpinnings which have influenced government policy decisions. As a political economy, not simply favourable to business, neoliberalism is focused on the idea of a small state, as the state is perceived to be an "oppressive intrusion" (De Vogli, 2011, p.314), whilst the rigours of market competition are characterised as driving efficiency and freedom into all areas of life.

Thus, reducing state intervention, centring around the “free market” (Harvey, 2005; Sweet, 2018) and valuing “individual responsibility” in all realms (Wacquant, 2009) are central tenets of neoliberal political economy.

According to McGuigan (2014), and others, the transition from organised or “Golden Era” capitalism that preceded neoliberalism has led to a creation of the ‘neoliberal self’. Constructing a ‘preferred self’ is a feature of cultural, political and economic influences within society. The idea of ‘neoliberal self’ goes beyond this so that the self becomes a project for improvement geared towards becoming a competitive, entrepreneurial self. This is recognisable in Margaret Thatcher’s own well-known comments in 1981, that the method of her politics is “economic but the object is to change the soul” (McGuigan, 2014, p.224). Within neoliberal thinking, people provide for themselves and their families as it is not the role of a “paternalistic state” and taxpayers should not be burdened by “excessive taxation” (ibid.), which reflects socially conservative ideas around ‘work ethic’; translated into the valourisation of paid work. This deepens both internalised and societal stigma for people unable to participate in paid employment (see Chapter 3) and contributes to devaluing other forms of labour which are increasingly invisible, particularly forms of care that many benefit claimants are engaged in (Patrick, 2015). It is important to keep this in mind as we begin to examine policy changes, especially with regards to welfare reforms which ostensibly glorify work and an increasingly stigmatising view of those who remain ‘dependent’ on the welfare state.

The IVB to IB Shift

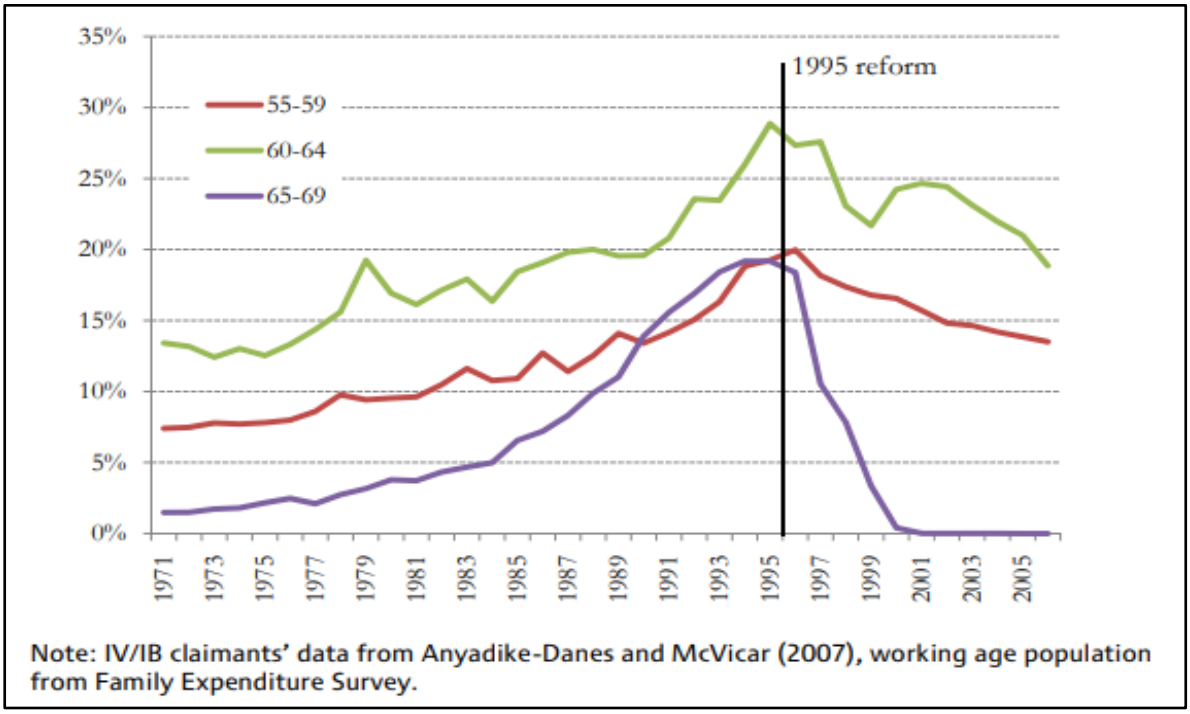
Invalidity Benefit (IVB) was introduced by the Conservative government for the long-term sick, defined in this circumstance as beyond 28 weeks, in 1971. Prior to 1971, those unable to work due to sickness or disability were generally not distinguished from other non-workers and simply received means-tested assistance if they were eligible (Burchardt, 1999). IVB was a benefit more generous than those offered to the unemployed and coincided with the growth of the disability rights movement. Eligibility for IVB was assessed by a personal doctor, who would comment on their patient’s ability to conduct suitable work. IVB was paid at a higher rate than ‘sickness benefits’ as those eligible were believed to be more in need due to the extended duration of their claim (Waddell et al., 2002). In addition to IVB, an Additional Pension (related to previous earnings) was to be paid and an Invalidity Allowance was also available to younger IVB claimants because of their believed greater loss of earning potential throughout their life (Grant, 2011). Such processes indicated that people deemed ‘long-term

sick' were recognised as being disadvantaged within the labour market and therefore remained 'deserving' of more substantial financial support.

Moreover, the Conservative Party's 1979 manifesto described a key objective of "… concentrating welfare services on the effective support of the old, the sick, the disabled and those who are in real need" (Garthwaite, 2013, p.23). Reinforcing the binary of deserving/undeserving and legitimate/illegitimate; this illustrates how, with regards to social security assistance, sick and disabled people were placed in the 'deserving' category. Similarly, in the Review of Social Security 1986, whilst the unemployed were subject to harsh policy reform, sick and disabled people were not included, allowing their status as a deserving group to continue (Grant, 2011). This review also led to Supplementary Benefit, a means-tested benefit paid to people on low incomes, being replaced by Income Support (Walker, 1983).

A higher concentration of IRB claimants has traditionally been found in Britain's older industrial areas including the North of England (Beatty and Fothergill, 1994). Between 1985 and 1996, the share of the 55-59-year-old men on IVB almost doubled, from 10.9% to 20.0% (Hood and Oakley, 2014). Consequently, it has been frequently suggested that IVB was utilised at this time as a tool to absorb displaced workers, often older and male, in post-industrial labour markets and disguise high levels of unemployment (Lindsay et al., 2015). Others argue this research has been appropriated by policy makers to imply high levels of individuals feigning illness (ibid.). This alternative interpretation suggests increasing IVB claims indicate substantial ill-health, work-limiting disability and barriers to work faced throughout the labour force (Beatty and Fothergill, 1994). The latter argument holds strength when we consider (and I will outline next) that this trend continues with communities in the North of England continuing to endure the highest poverty rates and experiencing the hardest impact from austerity cuts (Centre for Cities, 2019; Marmot, 2020).

Figure 2: IVB/ IB recipients as a share of population (males), by age group
Source: Banks et al., 2011



Note: IV/IB claimants' data from Anyadike-Danes and McVicar (2007), working age population from Family Expenditure Survey.

In 1995 the Conservative government replaced Invalidity Benefit (IVB) with Incapacity Benefit (IB). This new benefit reduced generosity and tightened eligibility criteria (Banks et al., 2011), indicating a shift in the assumed 'deserving' status of IRB claimants. Incapacity Benefit was taxable, unlike its predecessor, and was no longer paid to new claimants above the state pension age (65 for men and 60 for women at the time) (Burchardt, 1999). This caused the number of IB claimants aged above state pension age to drop markedly after the 1995 reform, illustrated in the graph above.

In contrast to IVB, where claimants had to demonstrate that they could not continue work, IB introduced an 'all work test' to assess how well a claimant could perform tasks and focused on whether there was any work the claimant could do (Burchardt, 1999). Unlike IVB, claimants were no longer assessed with consideration of their age and qualifications which may influence the likelihood or suitability of attaining a job. IBs introduction additionally marked the transition from a claimant being assessed by their own GP to being assessed by Benefits Agency doctors. This is perhaps indicative of a change in view of this group as undeserving; with suspicions their GPs were not capable of recognising that they were feigning their inability to work. This was also likely to be related to the perception that GPs in some areas were moving some unemployed people onto IVB as a means of increasing patients' income in the face of continued high levels of structural unemployment.

At this point the neoliberalism of the 1980s did not connect welfare dependency and disability in any meaningful sense (Roulstone, 2011). Although an increasingly stigmatising rhetoric was developing in the background (Moore, 1981), sick and disabled people were exempt from the Thatcher government's "attack on welfare or 'dole' scroungers" (Garthwaite, 2013, p.25) and had traditionally been left out of anti-welfare debates around an escalating 'dependency culture' (Dean and Taylor-Gooby, 1992) and the prevalence of an 'underclass' (Field, 1989; Murray, 1990). Grant (2011) argues that Peter Lilley, the then Conservative Party Secretary of State for Social Security (1993) using the term 'malingerer' marks the period where people unable to work due to sickness and disability were collectively seen as undeserving. It is perhaps unsurprising that the decades following illustrate an increase in sick and disabled people being subject to a pejorative discourse and increased stigma associated with reliance on state support. The changing nature of this discourse becomes clearer under New Labour, discussed in the following section.

2.3 New Labour

The New Labour government came into power two years after the introduction of IB and continued to adjust the eligibility criteria for IRBs to tackle perceived welfare dependency and the need for less state intervention. New Labour mirrored their predecessors in emphasising the costs of welfare, as at the time the ''disability benefits' element of the social security bill had between 1974 and 1998 risen from 16% to 27%" (Burchardt, 1999, p.3). Changes to social security were justified by discourses of 'citizenship' which mirrored the neoliberal ideology of the previous government. This discourse argued that "'good citizens' take responsibility for themselves and their families", moreover, this 'good citizen' was "seen as working, and thus not claiming social security benefits" (Grant, 2011, p.29). Indeed, Tony Blair, New Labour leader, stated that the welfare state must "offer a hand-up rather than a handout", shifting from the foundations of the welfare "safety net", on which one could depend, to a much more active "springboard", promoting the concept of individual entrepreneurship (Powell, 2018, p.205). This is befitting to the neoliberal ideology of the era, which Harvey (2005) describes as going beyond economics to being hegemonic and pervasive as a mode of discourse; as neoliberal thought has become incorporated into the way people interpret, live in and understand the world.

Welfare reform remained high on Labour Party manifestos and reducing economic inactivity was viewed as necessary to strengthen the economy, cut social security costs and "stop the growth of an 'underclass' in Britain" (Labour, 1997: cited in Grant, 2011, p.29). Mann (1992)

argues the term ‘underclass’ is a new name applied to those considered to be undeserving. During this period, economic inactivity due to illness was increasingly problematised. The Labour Party in 2001 stated “(Labour) will not use disability benefits to disguise unemployment” (Grant, 2011, p.30), such language implies that Incapacity Benefit was used to disguise hidden unemployment. Capturing this increased suspicion, in 2005 Alan Johnson, the then Work and Pensions secretary, urged GPs to help end the “sick note culture” (DWP, 2005, unpaginated), stating that the majority of IB claimants would be able to return to work. Popular discourse, during the period between 1997 and 2001, further entrenched suspicion of social security ‘deservingness’ with a surge of investigations into the fraudulent use of IRBs (Hewitt, 2002).

In 2002 the New Labour government decided to pilot ‘Pathways to Work’ an ambitious programme to further incentivise IRB claimants to return to work (rolled out nationally in 2007). Pathways, as it is commonly referred to, included increased support with the provision of voluntary schemes designed to help people with disabilities return to work (Banks et al., 2011). Discussed in detail later in the chapter (s.2.4), conditionality is the principle that welfare benefits should be dependent on an individual meeting behaviours. The Pathways programme introduced conditionality for sick and disabled benefit claimants through the requirement for new IB claimants to attend compulsory Work Focused Interviews (WFIs) with a Jobcentre Plus Advisor and to engage in job searches, training or unpaid work placements (Dwyer and Wright, 2014). Government measures introduced through Pathways were found to focus on physically disabling barriers to work and overlook mental health (Weston, 2012). These reforms and interventions were predominantly focused on the supply side with little effort made to change the demand, or lack of demand side, for example, changing employers attitudes towards people with disabilities and support in the workplace.

This period demonstrates an increasing pressure on long-term sick and disabled people as a ‘workless group’ to become responsible and take up opportunities for support (Labour, 2001; Grant, 2011). Consequently, they have gradually been drawn into the ‘undeserving’ category of welfare receipt. The introduction of Pathways to Work over the 2003-2008 period is associated with an increase in older workers moving into employment, however, given the programme only affected a small proportion of the country until 2006, it is difficult to ascribe the increase to this reform (Banks et al., 2011). There is some evidence that the effects became smaller as the programme was introduced into more areas (Adam et al., 2011). Pertinent to this study, in their research for the Institute of Fiscal Studies, Banks et al. (2011) highlight that the positive effect achieved through Pathways was limited to those who did not report a mental health problem and was concentrated on women.

Within New Labour the perspective was that an 'underclass' problem was created by both inadequate opportunities (see Field, 1989) and people who did not engage with the opportunities offered to them due to a lack of awareness or personal enterprise (Grant, 2011). This is exemplified in Green Papers such as, "A New Deal for Welfare: Empowering People to Work" (DWP, 2006) where the main targets are related to moving people from benefits into employment, with a focus on people who have been relatively distant from the labour market in the past. In a response to the Green Paper, Hirsch and Millar (2006) highlighted that services and benefit regimes show insufficient understanding of the complex nature of employability and the varied, crucial support needed by disabled people and people who experience mental illness. The simplistic view of the 'inactive citizen' forgoes the uniqueness of each claimant and their needs.

New Labour's 'Third Way' approach included a programme of New Deals which emphasised individuals being 'work ready' (Timmins, 2001; Patrick, 2015). The 'welfare society' envisaged by the Third Way approach is one in which "welfare dependency is stigmatised, personal responsibility is celebrated, and social rights are strictly conditional" (Dean, 2003, p.702). Anthony Giddens' motto for this strategy was "no rights without responsibilities" (Giddens, 1998, p.68). The New Deal for Disabled People was a voluntary programme but New Deals aimed at other groups included mandatory activity. The increased push to personal responsibility symbolises greater economic self-sufficiency and labour-market participation expectation, placed on citizens "turning away from solidarity towards a deeply individualistic mentality" (Eriksen, 2019, p.535) mirroring neoliberal ideologies described previously. Such thinking ignores the barriers faced by marginalised and increasingly stigmatised communities (discussed further in Chapter 3).

New Labour's approach went beyond the Conservatives in drawing disabled people, a group traditionally expected to be excluded from conditional benefit receipt, into 'welfare-to-work' (Dwyer, 2008; Jones, 2011; Patrick, 2015). Scambler (2006) references the government's 'welfare-to-work' programmes as an illustration of social shame increasingly being directed at long-term sick and disabled people, based on the notion that they are themselves responsible for their own poverty and social exclusion. Towards the end of their time in office, New Labour, acting on recommendations of Freud (2007) extended welfare-to-work and moved the various New Deals into one Flexible New Deal to provide more personalised support and extend conditionality, with tougher sanctions for non-compliance (Morgan, 2009; Patrick, 2015). The actions taken arguably reflect Wacquant's (2009) assertation that neoliberal contemporary societies utilise strategies to curb and 'treat' behaviours.

The intensity of aforementioned programmes and 'welfare contractualism' for IRB claimants became particularly apparent under the New Labour governments (1997-2010) and remain dominant today. 'Welfare contractualism' is the objective that citizenship, and social rights, come with corresponding duties to contribute productively in return (Birnbaum, 2015). In making these changes, social security was transformed by New Labour. A key part of this transformation at the time, and still prevailing today, was the introduction of a new benefit for disabled people, Employment and Support Allowance (ESA) in 2008. ESA incorporates a stricter eligibility health test along with a redesign of the benefit rates and will be discussed further in the following section.

2.4 Conservative-Led Governments and Welfare Reform

The 2010 election led to a Coalition government between the Conservative and Liberal Democrat parties. As this section will illustrate, welfare under the Coalition was characterised by austerity-driven cuts, increased welfare reform and welfare-related stigma. This government made the political choice to deal with the deficit from the 2008 financial crisis through austerity, a set of political-economic policies that aim to reduce government budget deficits through significant cuts to public expenditure (Cooper and Whyte, 2017). Greer-Murphy (2018, p.22) directly links policies in the 1980s to the 2008 financial crash, and subsequent austerity measures, describing that "neoliberal policy acted as a midwife to austerity". Taxpayers absorbed private debts underwriting the Government's deficit from bank bailouts to prevent a critical collapse of global financial capitalism (ibid.). Austerity measures were introduced in October 2010 through the Comprehensive Spending Review (HM Revenue, 2010). The then Prime Minister David Cameron insisted that spending on welfare and benefits had reached an untenable high, against a backdrop of increasing national debt and bank bailout. In his June 2010 speech, David Cameron stated "… this government will not cut this deficit in a way that hurts those we most need to help, in a way that divides our country or in a way that undermines the spirit and ethos of our vital public services" (Cameron, 2010, unpaginated).

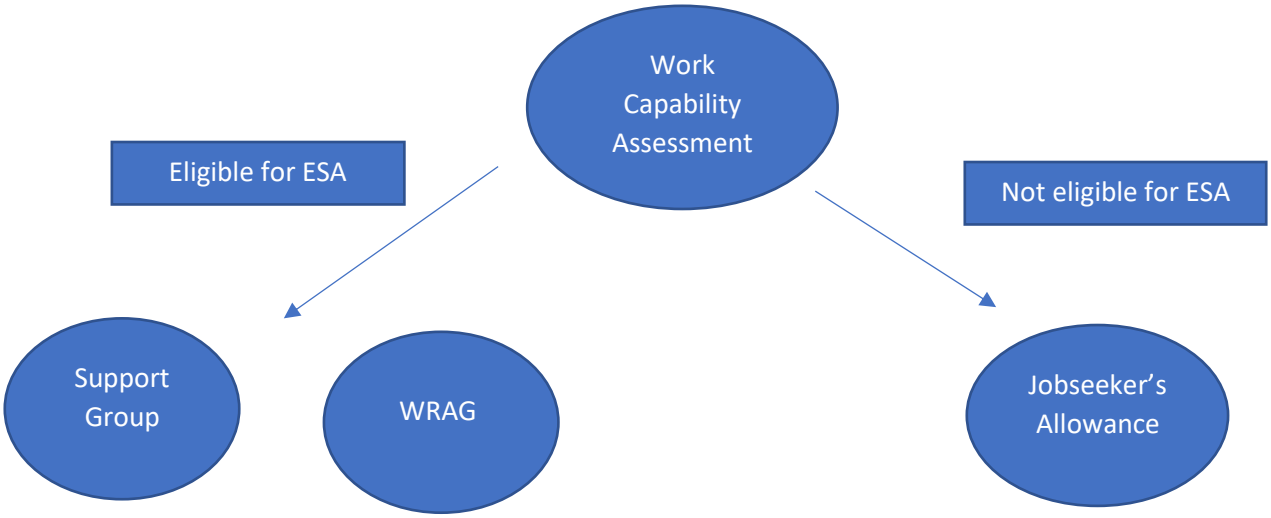
In 2013 Cabinet Secretary Jeremy Heywood described that austerity would not be a two-year or five-year project but instead a ten to twenty year "generational battle" to "restore the economy" (Greer-Murphy, 2018, p.20). The Coalition government justified cuts in terms of the failings of the welfare state. From 2010 the Coalition government "set in motion £28 billion worth of cuts to disabled people's income, including the introduction of the bedroom tax, cuts to council tax support, the roll-out of the out-of-work sickness benefit ESA, and the tightening

of benefit sanction rules" (Ryan, 2019, p.21). Explicit suspicion of IRB claimants' validity increased stigma for this group, which Ryan (2019) suggests is an intentional government decision to justify cuts. Although this stigmatising "shame and blame" is not a new phenomenon, (it was interweaved in the social structures and illustrated in 'welfare-to-work' programmes previously mentioned (Scambler, 2018, p.771)) it is its explicit focus on the sick and disabled that is important for this research.

As was previously detailed, Employment Support Allowance (ESA) replaced Incapacity Benefits for people making new claims from October 2008. From 2010 around 1.5 million 'legacy' IRB claimants began to be reassessed for ESA. The number of people on ESA, as of February 2018, was 2.3 million, however, the rollout of Universal Credit means that some of the people claiming older benefits, such as ESA, is falling (House of Commons, 2018). During the process of assessment, from IB to ESA, claimants with the most severe functional impairments or who were terminally ill were fast-tracked into a Support Group and received the new benefit, others underwent direct Work Capability Assessments (WCA) by a healthcare professional.

The WCA, originally introduced by the Labour government and carried out by a private health company, facilitates the two-tier system of ESA. The computer-based question and answer test looks at a claimants ability to carry out certain functions, such as walk for 200 metres or use their hands (O'Hara, 2014). Those awarded enough points qualify for ESA and are then placed into either the Work-Related Activity Group (WRAG) or the Support Group. Those in the Support Group, due to the assessed 'severity' of their condition, receive a higher level of benefit and are not subject to conditionality. WRAG is for claimants in preparation for work and their benefit claim is subject to participation in work-related activities (O'Hara, 2014). Individuals who do not receive enough points are deemed 'Fit for Work' and moved onto Jobseeker's Allowance. Claimants can appeal the decision. The measures adopted are not an objective measure of 'severity' of illness – these tests could never 'measure' this and were not established to do so. Instead, they are a means of reducing the numbers of claimants by characterising certain individuals as being unaware that they are capable of working in some way or preventing them from deliberately cheating the system.

Figure 3: Work Capability Assessment Outcomes



This new system is a form of 'social sorting'; dividing long-term sick and disabled people into subgroups of claimants dependent upon medicalised perceptions of their needs (Grover and Piggott, 2010; Garthwaite, 2013). Such categorisation of ESA claimants into a 'support' or 'employment' group is tied to a distinction between the 'deserving' and 'undeserving' benefit claimant (Bambra and Smith, 2010; Garthwaite et al., 2014). It suggests that certain types of ill health or disability are less deserving of unconditional public support and challenges the principle that sickness and/or disability can constitute an absolute barrier to work. Arguably, if designed to shrink the legitimate bases for long-term IRB receipt, then the stigma associated with WCA process is an unstated policy tool to push people into work. The assessment process has come under criticism since its inception, with its viability and credibility under scrutiny (Garthwaite et al., 2014; Harris, 2014; Warren et al., 2014; Baumberg-Geiger et al., 2015). Government figures for the quarter ending September 2018 show that 65 per cent of WCA appeals result in a 'Fit for Work' decision being overturned, a figure that has been roughly consistent since the WCA was introduced (Hansford et al., 2019, p.364; Baker 2020) and has undermined public perceptions of the fairness of the tests (Marks et al., 2017; McNeill et al., 2017; Dwyer, 2018; Baumberg-Geiger, 2018). Almost half (45.9%) of appeals launched between 2008 and 2018 were decided in favour of the claimant (Kennedy et al., 2019, p.12).

Across England, the WCA process has been linked to numerous deaths (Warren et al., 2014). During 2010-2013, the WCA was associated with an additional 590 suicides, 279,000 additional cases of self-reported mental health problems and a drastic increase in anti-depressant prescribing (Barr et al., 2016). The DWP has investigated at least 69 incidents of benefit-related suicide in recent years. A report which followed this, conducted by the National

Audit Office (NAO), said it is highly unlikely that this is a representative figure (NAO, 2020). Disability Rights UK (2020) report on inquest findings that have found DWP actions contributed to the suicides. Questions about the appropriateness of the WCA to assess claimants with a mental health condition are of paramount importance. In 2016, the British Psychological Society issued a Briefing Paper that called for reform to the WCA, this expressed concerns about the qualifications of the assessors to make judgements about mental health and an "undue focus within assessments on physical conditions even when a mental health problem is the primary cause of incapacity" (British Psychological Society 2016, p.4). Data from May 2017 shows that of the 2.36 million claimants of ESA, 1.17 million (50%) were recorded as having a mental or behavioural disorder as their main disabling condition (Hansford et al., 2019, p.353).

The difficulties faced by people with mental health problems claiming IRBs (Tindley, 2011) were exacerbated with the transition to ESA. Previously a person could provide 'medical evidence' they were suffering from severe mental illness and would have been accepted as incapable to work without a medical examination. When ESA was introduced, the concept of 'severe mental illness' and automatic exemption from assessment both disappeared (Tindley, 2011). Researching trends during a period of recession, austerity and welfare cuts in England, Barr et al (2016) found a large increase in mental health problems and inequalities and suggest a link to welfare policies. Further there is an increase in the population who experience mental health problems, unemployment and low-level education (ibid.) and are naturally at risk of more forms of disadvantage such as poverty, homelessness and problematic substance use (Duncan and Corner, 2012).

From DLA to PIP

Disability Living Allowance (DLA) is another IRB which has been replaced under welfare reform. DLA was a non-means-tested and non-contributory benefit established by the Social Security Contributions and Benefits Act 1992, integrating the former benefits Mobility Allowance and Attendance Allowance and introducing two additional lower rates of benefit under John Major's Conservative government (1990-1997). The purpose of this benefit was to assist with the additional needs of adults and children, such as mobility. Often cited within political discussions around dependency, DLA is one of the most debated and misunderstood benefits, as "…it was widely believed by the public to be one of the most abused even though fraud was negligible" (O'Hara, 2014, p.162).

The 'State of the Nation Report: Poverty, Worklessness and Welfare Dependency in the UK' (HM Government, 2010) emphasises that the benefit system impacts negatively on incentive

to work. Within the document, on the same page DLA rates are described, it states “in addition to the large numbers of people claiming benefits and tax credits legitimately, there remain significant numbers of people either claiming fraudulently or being paid too much in error” (p.34). The positioning of this text is an example of how separate issues can become conflated. This can lead to distorted views on benefit fraud and result in welfare cuts being unchallenged by the public (Franklin and Marsh, 2011).

Following the Welfare Reform Act 2012 (detailed later) DLA was replaced by Personal Independence Payments. Like WCAs, described previously, it has been required for DLA claimants to be reassessed and consequently a reduced number of eligible people to be transferred to PIP. This migratory process was also beset with implementation issues and many people had severe delays in essential support. Pybus et al. (2019) found people with a psychiatric condition were twice as likely to have their existing DLA stopped in the transfer to PIP, between 2013 and 2016, compared to those with a physical condition.

Rise in Sanctions

Sanctions refer to the temporary removal of benefits for not meeting the requirements of benefit claiming or not complying with work-related activity demands. As has been discussed, sanctioning became commonly used under the previous Labour government, however, this was concentrated on claimants in receipt of Jobseeker’s Allowance. Sanctions for sick/disabled claimants were absent before the Welfare Reform Act 2007 (Webster, 2015). In 2012 the Coalition government introduced the Welfare Reform Act 2012 which included harsher sanctions (DWP, 2013). This changed sanctions for disabled people: previously sanctions threatened a removal of part of ESA, however since 2013, those in the WRAG group could have their benefits completely withdrawn if they fail to comply with work-related demands.

The threat of being sanctioned is a further example of neoliberal ideas adjusting citizenship; sanctions are utilised to motivate individual activities and alter behaviours through insecurity and anxiety (Tyler, 2013; Reeves and Loopstra, 2017). Where an individual fails to adjust their behaviour accordingly, they are stigmatised and financially penalised. In 2010 disabled people were 50–53% more likely to be sanctioned than unemployment benefit claimants without a disability (Baumberg-Geiger, 2018). In 2014, the statistics remained high at 26–28% more likely than non-disabled unemployment benefit claimants (ibid.). The risk that sanctions will lead to financial hardship for claimants is confirmed by several policy reviews carried out by separate UK government departments (Williams, 2019). Research into sanctions has also

shown that homeless unemployment benefit claimants are more likely to be sanctioned (Batty et al., 2015; Reeves and Loopstra, 2017) (see Chapter 3 for more detail).

Increasing Conditionality

At an accelerated rate, the measures adopted and described thus far have focused on reconfiguring the state and reducing public spending to lessen the deficit which Hall et al. (2013, p.4) describe as “further entrenching the neoliberal model”. Another example of how this has been implemented within welfare reform is an increase in conditionality: policies manoeuvring welfare recipients into work through greater requirements to engage in job searches, training or unpaid work placements (Dwyer and Wright, 2014). This is significant as, although Beveridge viewed conditional elements as part of the social contract key to the welfare system, and they were present under New Labour, conditionality is now not so much of part of a ‘social contract’ but instead the organising principle of the system. According to Baumberg-Geiger (2017, p.118), contemporary conditionality is based on three assumptions, “it will make claimants less selective about the jobs they are willing to take, try harder to find work… and take fuller advantage of work available to them” (see also Griggs and Evans, 2010; Arni et al., 2013). Hence, conditionality is an example of policies being created to produce certain behaviours and arguably an example of neoliberal governmentality, a form of post-welfare state politics in which the state principally outsources the responsibility for ensuring the 'well-being' of the population (Reeves and Loopstra, 2017; Lorenzini, 2018).

Disputably, where conditionality is applied to sick and disabled people it suggests they are out of work due to a lack of motivation and the barriers they face are ignored (Patrick et al., 2011; Garthwaite, 2014; Baumberg-Geiger, 2017). Barr et al. (2016) found in their study on inequalities and mental ill health that there was an increase in the population that experience the multiple disadvantages of having a mental health problem, unemployment and low education. It is clear to see how easily a cycle emerges where welfare reforms increase the stigmatisation of welfare recipients, which subsequently damages their mental health and risks leading to multiple disadvantages (Friedli and Stearn, 2015; Barr et al., 2016). Further, conditionality can undermine claimants’ relationships with their caseworkers, leading to a “more superficial compliance with, or even disconnection from, government-provided support” (Baumberg-Geiger, 2017, p.118). This group is at risk of social exclusion and further disadvantage manifested in terms of homelessness and substance misuse (Duncan and Corner, 2012; Barr et al., 2016).

“Welfare-to-work” programmes, which require claimants to do unpaid work, became intensified under austerity (Crisp and Fletcher, 2008; Schrecker and Bambra, 2015). The Coalition

government's introduction of the Work Programme in 2011 is an additional example of conditionality. This was a welfare-to-work scheme intended to assist predominantly disabled people, as well as the long-term unemployed and certain priority groups, into work (DWP, 2012) and replaced a range of schemes which existed under previous New Labour governments. The Work Programme in 2011 was also arguably a part of the neoliberal reconstruction of the state as it was to be delivered through non-public sector bodies, private/third sector, who were deemed to be able to deliver more efficient, effective and innovative services. The Work Programme was controversial, with critics suspicious of its intentions of mandatory unpaid work or 'workfare' for social security receipt and payments to private companies to implement it (O'Hara, 2014). Paul Farmer, Chief Executive of Mind (mental health charity), outlined concerns in 2012 that the government's "repeated response" to people accessing help was to "ramp up the pressure and potential punishments". He continued "this pressure often exacerbates people's mental health problems and pushes them further from work rather than closer" (O'Hara, 2014, p.164). The Work Programme has since been replaced by the Work and Health Programme (WHP) in 2017. The WHP, targeted at people who are believed likely to find work within 12 months with specialist support, found 88% of participants who had started in August 2018 did not achieve a subsequent job outcome (Disability Rights UK, 2019).

This neoliberal-influenced paradigm shift is characterised by Wacquant (2010, p.202) as "fragmented labour, hypermobile capital, and sharpening social inequalities and anxieties". These core processes include privatisation and retrenchment of the welfare state (Mercille, 2017). What is demonstrated in the descriptions of welfare reform, including IRB reform, is that services are advertised as increasingly personalised and individually tailored to support benefit claimants to enter the labour market (Gregg, 2008). But as previously mentioned, personalising support and increasing conditionality lacks awareness of wider contexts of sickness and disability. On the contrary, it sets up the 'deserving poor' as those who are willing to adjust their lives and behaviour in line with government policy (Warren, 2005). There is an undeniable power imbalance in the circumstance that the government imposes behaviours and actions upon individuals which they may not wish to do (Grover and Piggott, 2010). This personalisation is not then one of empowerment deriving from rights and inclusion, but instead risks being stigmatising, stripping rights and leading to isolation (Garthwaite, 2013). The relationship between welfare and work in an increasingly neoliberal context displays a shift from values centring around universal welfare to entitlements based on contribution and means testing (Schrecker and Bambra, 2015; Greer-Murphy, 2018).

2.5 Stigma and Welfare Discourses

So far it has been demonstrated that governments be they Conservative, Labour, or Coalition, have reformed welfare making claiming it ever more difficult for IRB claimants, through barriers to access such as the WCA, as well as the increasing suspicion around IRB receipt. The purpose of this section is to highlight the rise in pejorative language used to describe social security receipt within political debate. In media post-2010, disabled people and their welfare receipt became a target for vilification with portrayals of 'bogus' IRB claimants (Baumberg-Geiger et al., 2012; Ryan, 2019). Such language arguably serves to justify policy decisions outlined throughout the chapter and lead to 'IRB claimant' being a stigmatised identity.

Briant et al. (2013) illustrated a significant change in the coverage of disability when comparing newspapers in the periods of 2010-2011 and 2004-2005. This included: a change in how disabled people are described, fewer articles depicting disabled people sympathetically, more focus on benefit fraud and entitlement to benefits and an increase in pejorative language such as cheat, scrounger or fraud (ibid.). Furthermore, when asking the public what a typical newspaper story about disability would be, "benefit cheating" was the most common answer (Briant et al., 2013, p.874). In 2013, the term "benefit cheat" was used 442 times in national newspapers, an increase of almost two-thirds on the 12 months before the Conservative-Liberal Democrat coalition government took power (Walker, 2013). Similarly, using a case study of *The Sun* newspaper's articles on disability in 2012, a key year for welfare reform, McEnhill and Byrne (2014) demonstrated the media influence on the public by illustrating the congruency between increasing negative perceptions of disabled people in society and portrayals of disability benefit claimants as undeserving. Tyler and Slater (2018, p.727) describe this shifting trend in media as intentional "(state-sanctioned) stigma production" which legitimises austerity reforms. Garthwaite (2011, p.371) also considered this drawing on specific headlines from the *Daily Express* such as "500,000 benefit scroungers will be made to seek work" (17 September 2010) and *The Daily Mail* "Just one in six incapacity benefit claimants 'is genuine'" (20 October 2009).

The media we consume undoubtedly influences the opinions we hold of others as well as internalise about ourselves. Bloemraad et al. (2019) draw on the British Social Attitudes Survey 1986-2009 to consider public positions on welfare. This yields complex data: respondents express strong support that the state has an obligation to redistribute income, which has remained largely consistent over 25 years (ibid.). These views, however, shift when participants are asked about welfare support to specific groups. Bloemraad et al. (2019, p.9) found a marked growth in the "perception that some beneficiaries are untrustworthy and

undeserving". Comparing European data, they found similar progressively harsh judgement on deservingness towards the unemployed, the disabled and the sick amongst others (ibid.). Several disability activist groups, including Disability Hate Crime Network, believe that up to 60,000 disability hate crimes occur every year in the UK with hostility increasing as an indirect result of austerity and increased stigma (Cooper and Whyte, 2017, p.15).

By its nature neoliberalism rejects dependency, therefore those who are 'dependent' on the welfare state, regardless of reason, are overtly and covertly stigmatised. Tyler (2015, p.505) describes that within this form of neoliberal media culture "class inequalities are rescripted to appear a consequence of individual choices, wealth is 'earned', and poverty is deserved". Poverty as a symptom of individual moral failing is not a new phenomenon; these examples hark back to the 19th century discourses described at the beginning of this chapter. Ryan (2019, p.34) connects it to the Thatcher government of the 1980s, where stereotypes of working-class people as having a lack of ambition, encourage us to overlook concerns of an unequal society and instead allow the state to "wash its hands of a duty to assist those struggling under disadvantage".

Indeed, neoliberal ideology posits that people should be self-reliant. A central argument across Conservative Party ministerial speeches since 2010 has been accusations that the modern social security system has created a culture where values of collective duty have been eroded and substituted by a "something for nothing culture" (Duncan Smith, 2011, unpaginated). Thus, the individual is to take full responsibility of their life; the state should ensure that nothing prevents a person from being a productive citizen in economic terms. Former DWP minister Chris Grayling described how government "…want a welfare state which is a ladder up which people climb not a place in which they live" (DWP, 2011). These sentiments reflect Tony Blair's description of a "hand up not a handout" and build on New Labour's discursive construction of the welfare system as broken (Powell, 2008).

The above reflects the linguistic coupling of a stigmatising 'dependency' and 'welfare' previously described within the initial emergence of neoliberalism (section 2.2). A 2013 Guardian newspaper analysis of the language used by the government to discuss benefits and welfare found it was increasingly value-laden and pejorative (Walker, 2013). This analysis found that in 25 speeches over a year by DWP ministers' "dependency" was mentioned 38 times, while "addiction" occurred 41 times and "entrenched" on 15 occasions (ibid.). This was chiefly linked to former Work and Pensions secretary Iain Duncan Smith, who described a "mass culture of welfare dependency" in every speech discussing benefits in the 12-month period (Walker, 2013, unpaginated). This negates a wider recognition of people's social reality, particularly those in marginalised groups. The Conservative-Liberal Democrat coalition

government also mentioned fraud, which accounted for less than 1% of the benefits bill, 85 times in their press releases. This was not used at all in the final year of the previous Labour government (Walker, 2013).

It is also important to note within media, there is an inaccurate distinction between 'taxpayers' and 'welfare recipients', which overlooks that all individuals pay 'tax' and benefit from 'welfare' to a certain degree (Jensen and Tyler, 2015). Politicians of all hues talk about the welfare state 'helping people' but governments receive criticism where methods are not working to reduce the numbers of long-term claimants (Garthwaite, 2013) as if no longer receiving social security defines help. McWade (2016, p.69) describes that this "'problematic distinction' between people who are ill, disabled, or unemployed and 'hard-working taxpayers'" continues to feature heavily in Conservative politics today. Similarly, Hills (2015) details a distinguishing welfare myth of 'them and us'. This myth entrenches the re-imagined welfare state as a system now viewed as too expensive for benefit 'dependent others' (Hills, 2015; Jensen and Tyler, 2015). According to Hills (2015, p.91), welfare cuts garner support through the myth that welfare excessively supports "economically inactive" people. This is starkly contrasted to the 'mass services' of provisions which much of the population benefit from.

Some contend that the alleged motivation of ending the "waste of disabled worklessness" is a "smokescreen" and that the true intention is "to save money and redefine disability categories regardless of the altered economic positions" those negatively impacted find themselves in (Roulstone, 2011, p.27). Service user led activist groups such as 'Disabled People Against Cuts' (DPAC), 'Disability News Service' and 'Recovery in the Bin' criticise the government's emphasis on employment without making appropriate adjustments in workplaces. They also critique the perceived refusal from government to accept that some long-term sick and/or disabled people will never be able to engage in formal employment. These groups utilise social media as a mode of dissemination and mobilisation to challenge mainstream politics. Despite an ongoing political and media discussion research has found no evidence of a 'dependency culture' but instead that the stigmatisation of benefit recipients has reduced legitimate benefit claiming (Dean and Taylor-Gooby, 1992; Reeve, 2015). Fletcher et al (2016) found that benefit claimants often cited misunderstanding processes and entitlement, yet key stakeholders believed there to be widespread manipulation of the welfare system. To protect against this increased stigma, welfare recipients draw upon the hegemonic pejorative discourses stigmatising welfare payments (Goffman, 1974; Dean and Taylor-Gooby, 1992; Shildrick and MacDonald, 2013; Fletcher et al., 2016) by internalising or 'othering' (see Chapter 3).

2.6 Stigma futures? Universal Credit

The exploration of popular media and political discourses (s.2.5) illustrates that the intensification of stigma has been heightened for long-term IRB claimants. With the starkest increase occurring over the last 10 years, welfare reforms are being continuously rolled out. Universal Credit (UC), the latest social security payment, is scheduled to replace all means-tested working-age benefits. Receiving cross-party support, UC replaces six existing payments for working age people (Income Support, Income Based Jobseeker's Allowance, Income-Related Employment Support Allowance, Housing Benefit, Child Tax Credit and Working Tax Credit) with the linked aims of simplifying the system of working age benefits; making work pay; increasing conditionality and reducing fraud and error (Dwyer and Wright, 2014).

Universal Credit removes the distinction between benefits paid to out-of-work claimants and income top-ups paid to low-paid workers. Billed as a radical simplification to the benefits system, it is to be managed entirely online and paid monthly, intending to encourage claimants to develop 'good working habits' (DWP, 2015). Successive UK governments have asserted that UC offers a new benefit structure that will re-incentivise claimants personal responsibility to find and move into paid work. The original intention was for Universal Credit to be implemented across the UK by 2017 but design faults such as IT errors and management failures has meant that the system is now not expected to be fully operational until September 2024 (BBC, 2020).

On a practical level, these policy measures assume that the individual can change their behaviour and meet the proposed commitments being made. A DWP evaluation suggested that 40-50% of Universal Credit recipients felt that goals made in their Claimant Commitment, a contract required to be signed to receive JSA, were not "achievable" and overlooked "personal circumstances" (Adler, 2016, p.225). Loopstra and Reeves (2017) suggest that conditionality disadvantages those with ill health or physical limitations; this leads to exclusion from entitlements because claimants are unable to live up to a new norm of productive and active citizenship. For example, where a person is sanctioned an income is removed which supported them to meet their basic needs, they are then led to engage in stigmatising behaviours such as accessing foodbanks. The following chapter will further explore the impact of these policies upon those individuals directly affected.

Support available through UC is underpinned by a notion that it should promote claimants' abilities to assume ownership of, and overcome, vulnerable circumstances however access to and exclusion from such support shaped the lives of claimants in diverse and

counterintuitive ways (Stinson, 2018; Dwyer, 2018; Fitzpatrick et al., 2018). There is a 5-week delay written into receiving the first payment of Universal Credit, a damaging feature which has been attributed to rising debts and foodbank use. Duncan Smith, who served as Work and Pensions Secretary from 2010 to 2016, told the Work and Pensions Select Committee in 2020 that this feature was not necessary he continued "… but can it be changed? The answer is yes, because it was a policy element, a decision made" (Chakelian, 2020, unpaginated). This further illustrates how policy decisions are made to include a penalising aspect as work should be the sole way out of poverty; such corrective measures include sick and/or disabled people as disability and illness are viewed as 'moral deficits' under neoliberalism (Scambler, 2006; 2009; 2018).

At the time of conducting this research Universal Credit was still being rolled out but as Chapter 7 demonstrates was a major concern for participants who had already experienced major upheaval and distress caused by previous reforms. In March 2019, Amber Rudd, former Secretary of State for Work and Pensions, in a speech on disability and the welfare system claimed an intention of "changing the landscape for disabled people in Britain" (Taylor, 2019, unpaginated). Rudd's statement appeared to acknowledge faults with the previous approaches to IRB claimants, stating that disabled people should no longer have to feel they are "on trial" when they seek state support (ibid.). Perhaps this indicates a recognition that the belief paid work is positive for all ignores the reality; there is a limited pool of appropriate opportunities available for sick and disabled people and many forms of employment are characterised by insecurity such as zero-hour contracts.

Research conducted on welfare conditionality has shone a light on the ubiquitously negative effects on various groups including people with long-term health conditions and disabilities (Fletcher et al., 2016; McNeill et al., 2017; Manji, 2017; Wright and Patrick, 2019). Explicitly since New Labour to the present day, stigma has also been attached to a variety of lifestyle choices which can negatively impact health such as smoking cigarettes, alcohol consumption and obesity, with those who engage in these behaviours denigrated (Dean, 1999; Grant, 2011). This stigmatising label creates a dominant discourse which overlooks that many unhealthy 'lifestyle choices' are often related to poverty and inequality (Grant, 2011; Marmot, 2010; 2020). A vilified conception of benefit claimants justifies political decisions to cut resources for this group and this makes the deprivation of basic dignities, such as the upsurge in food poverty alluded to previously, to become societal norms. Sweet (2018, p.92) draws on the work of Schrecker and Bambra (2015) which describes "neoliberal epidemics" when noting that neoliberal policies and increased austerity measures are associated with poorer population health, obesity and stress.

2.7 Conclusion

This chapter has provided an overview of the UK social security system and the policies impacting people who are long-term sick and/or disabled. From the Poor Law, through the Thatcherite era to today, there is an evident urge to disincentivise out-of-work benefits but this extension to IRB claimants is more contemporary. Under the freshly formed welfare state in 1945, the provision of a safety net was a positive element of a society that offered necessary protection (Timmins, 2001). Today 'welfare' is increasingly a catchword for irresponsible behaviour and 'welfare dependency' is disparaged (Patrick, 2015). The neoliberal shift described, including the intensification of welfare conditionality and sanctions, has been legitimised by the stigmatisation of benefit claimants in popular media and mainstream politics. As Sweet (2018, p.19) describes, "neoliberalism does not just create inequality and force people into disadvantaged positions, it layers moral judgments on top of their misfortune and encourages internalization of those judgments as a neoliberalised view of the self". Hence, while benefits stigma is not a new phenomenon, it has renewed significance in the current context of austerity and unprecedented welfare reform in a neoliberal era.

Chapter 3 provides a discussion of existing qualitative studies that explore how the most recent welfare reforms are being experienced by those directly affected. This locates the present study within this growing body of literature of the lived experience of welfare reforms and indicates how and why this has been extended within this study to explore the experiences of men with mental health issues.

CHAPTER 3
STIGMA AND WELFARE EXPERIENCES

Introduction

This chapter provides a narrative review to examine how claimants lives are impacted by a welfare system characterised by continuous and punitive cuts and underpinned with a renewed stigmatising narrative of the 'undeserving poor' (Chapter 2). One strength of conducting narrative literature reviews is that they "provide interpretation and critique"; creating a deepening of understanding of a topic, in contrast to conventional systematic reviews which narrowly focus on tightly structured questions and data summary (Greenhalgh et al., 2018, p.1). Hence, a narrative approach was particularly appropriate as the study intends to make an argument that connects the UK political climate (discourses outlined in the previous chapter) with the personal and local. As this study encompasses experiences of men, mental health and IRBs, it was challenging to refine it to a set literature base. Instead, as this literature straddles different disciplines salient to the study including sociology, social policy, public health and psychosocial research, I was encouraged to read widely.

Much of the research that has explored Coalition government welfare reform (2010-2015) and its ideological underpinnings in post-crash UK contexts has done so in terms of the analysis of large-scale quantitative data. For example, work activation on wellbeing (Curnock et al., 2016; Carter and Whitworth, 2017), re-employment into low quality work (Chandola and Zhang, 2018), deindustrialisation (Beatty and Fothergill, 2013), stigma and mental health (Baumberg-Geiger, 2015; Barr et al., 2016). Exploring this period and beyond, this chapter focuses on the growing body of academic literature which seeks to explore the experiences of benefit receipt using qualitative methods. Increasingly, qualitative studies have provided rich data and demonstrated the value of listening to, and engaging with, those directly affected by programmes of welfare reform or in deprived communities. Increased interest in researching the direct experiences of stigmatised groups, such as working-class people and benefit claimants, has emerged from the recognition that these groups had previously gone unheard (Dolan, 2007; Lister, 2015). This study does not start from the assumption that the men interviewed identify as stigmatised, however, it is important to recognise that their shared characteristics of experiencing mental illness and benefit claiming are stigmatised within society. These characteristics are considered further in the chapter.

As Chapter 2 detailed IRB policy and welfare reforms over the past 30 years, this chapter sets out to examine what we know about the effects of this system on people who are impacted by it. The literature is structured into three themes. The first theme begins by considering post-

2010 qualitative research into UK benefit claimants generally and the impact of welfare reforms. Research emerging from this search and subsequently detailed are focused on: conditionality, Universal Credit, sanctions, homelessness and foodbanks. This section explores how many of the narratives reveal a "shared typical" (McIntosh and Wright, 2018, p.449) with participants exhibiting the strain of job searches, prevailing poverty and the fear of losing entitlement to benefits (Wright and Patrick, 2019). Following this, stigma relating to social security receipt and social class is explored, due to the increased sociological interest in this area. This leads to a discussion on the concept of 'othering' (s.3.1.5.2).

Secondly, there is a more focused consideration of qualitative findings of IRB receipt, stigma, and legitimacy. This section considers IRB conditionality including 'bedroom tax' and Work Capability Assessments. It also explores the impact and experiences of conditionality for people experiencing mental health problems and mental health stigma, although research in this area remains limited. Finally, there is an examination of gender differences in personal experiences of welfare receipt which includes research with 'significant others', the gendered dimension of Universal Credit and male unemployment narratives. The intention behind these three sections is to understand the literature about people who hold similar characteristics with the study's participant group.

3.1 Effects of Conditionality

Welfare conditionality is borne from a conception of welfare 'dependency' and cultures of worklessness, both of which have been examined in qualitative research and are largely unsupported by evidence (see Chapter 2). For example, in 1992, Dean and Taylor-Gooby carried out in-depth interviews with benefit claimants to search for an underclass of people and found 'dependency culture' to be a myth; concluding instead that, quite unsurprisingly, we are all interdependent on others within society. 'Dependency' itself is arguably an ideological term which advantages dominant groups and delegitimises others (Fraser and Gordon, 1994). Consistently, empirical research with disadvantaged people finds there to be "cultures of work: not worklessness" (Jeffery et al., 2018, p.801; see also Lindsay and Houston, 2011; Shildrick et al., 2012; MacDonald et al., 2014;) where people are overwhelmingly keen to work and have previous work experiences (Wright and Patrick, 2019).

Emerging from his dissatisfaction with what he argued was political bias within social policy, Dunn (2014, p.6) investigated claimants' labour market behaviour with "neglected conservative arguments in mind". In his study, claimants were still found to possess a strong desire to work and held preferences about what kind of jobs they would undertake, similar to the general working population. Moreover, he found no evidence of welfare dependency

(p.191–193), instead acknowledging that “unemployment is best understood as largely a structural problem” (ibid., p.189). A similar conclusion was reached by Mahoney (2015) who conducted psycho-social research with unemployed men and found poverty was not a personal failing, but a structural failing. This is, “compounded by an unwillingness by employers or the government to provide the support and opportunities required to really help people back onto their feet rather than shepherding them into exploitative ‘back to work’ schemes” (ibid., p.240).

Despite cultures of worklessness and dependency remaining unfounded, successive governments remain determined to tackle ‘dependency’ through increasing conditionality to social security receipt (detailed in Chapter 2). This means attaching conditions to welfare receipt which reduce eligibility and seek to compel participation in the labour market (Wiggan, 2012; Manji, 2017). There is a growing body of research examining increased conditionality on the experiences of social security claimants (see http://www.welfareconditionality.ac.uk/). An overarching finding of this research is that its punitive nature has reinforced and deepened experiences of poverty (see Manji, 2017; Patrick, 2017; Wright et al., 2018; Stewart and Wright, 2018; Wright and Patrick, 2019). These conditions include providing evidence of actively seeking work and participating in training courses or work schemes. Failure to comply with conditions can result in sanctions.

3.1.1 Sanctions

> *In a tragic loss of human potential, as individuals and families remained trapped in a cruel state of dependency … we now ensure that when someone falls unemployed they sign a document called the ‘claimant commitment’. This is a form of contract with the hard working British taxpayers who fund these benefits … failure to meet their commitments it says will lead to the loss of benefits … ‘you are now in work to find work’.* (Duncan Smith, 2014)

In 2012, the Coalition government introduced the enhanced sanctioning regime, justified in the emotive (and arguably disingenuous) quotation (above) from Iain Duncan Smith. UK governments have routinely used moralistic language to legitimise the intensification of conditionality. Benefit sanctions can be understood as an effort to impose forms of “emotional coercion” through policies to motivate the unemployed into becoming re-employed (Redman, 2020, p.85). Sanctions increase the likelihood of poverty and debt, reliance on charity and the threat of destitution; this includes sustaining negative behaviour changes, ranging from mental health impairments to “begging, borrowing and stealing” (Dwyer, 2018, p.150; Adler, 2018; Fletcher and Wright, 2018; Dwyer et al., 2020). Such actions, consequently, can invoke

personal shame and increased hardship (Walker, 2014; McIntosh and Wright, 2018; Wright and Patrick, 2019).

In his small-scale research with young men who had been sanctioned, Redman (2020) found the presence of stigma in classifying claimants as behaviourally incompetent and therefore 'undeserving' of social assistance. Redman's (2020) study found that many of the people sanctioned, mostly those with substance problems and/or learning difficulties, were unaware of the hardship payment, a reduced-rate payment sometimes available post-sanction (see also Oakley, 2014; Adler, 2018; Jeffery et al., 2018). Importantly, Redman (2020) noted that sanctions were often experienced differently depending on claimants' ability to mobilise social capital. For claimants possessing stronger social ties, the fiscal dimension of benefit loss was more easily managed. Unsurprisingly the threat of sanctioning has been linked to causing distress for benefit claimants, whether they have pre-existing mental health needs or not (Jamieson, 2020). Wright et al. (2018) found that sanctions worsened acute physical and mental health problems, contributed to crises such as homelessness and occasionally lead to suicidal thoughts and "survival crime" (for example shoplifting food to eat). Similarly, Mahoney (2015) found that increased conditionality and sanctioning encouraged people to engage in criminal activity and discouraged them from being truthful about their earnings. These are, arguably, necessary actions for people to ensure their survival, which in a sense leads to a form of resistance against the state (Tyler, 2013; Mahoney, 2015).

3.1.2 Homelessness

Fitzpatrick et al.'s (2016) UK-wide study of people experiencing destitution found that almost one third had been sanctioned. Reeves (2017) argues that, whether intentionally or unintentionally, the current welfare policy of sanctioning serves as a punitive measure against the socially marginalised. Government motivation to incentivise people to work overlooks significant barriers to work, including homelessness, substance dependency, physical disability, and mental illness. Conducting in-depth qualitative interviews with people that had been sanctioned and were homeless, Reeves (2017) found that conditions in place for welfare receipt exceeded the capabilities of many claimants and ignored practical and systemic barriers which prevented compliance. Hence, rather than refusing to engage, people are being failed by a system which is overlooking vulnerabilities and circumstances.

Homelessness and destitution are undoubtedly critical issues that can exacerbate pre-existing mental health needs and cause new traumas. To have a safe and stable home is a basic human need and it is difficult to consider how a person can address mental health needs or

seek employment while homeless, whether rough sleeping or precariously housed. Often there is also a material incompatibility with access to medical and social resources required. People with mental illness are disproportionately represented amongst homeless populations (Fazel et al., 2014). Homelessness has been "associated with feelings of demoralisation, depression, loss of self-esteem, self-neglect and feelings of helplessness and hopelessness" (Holt et al., 2012, p.491). In a study focused on hostel living for older, long-term homeless men in the UK, Holt et al. (2012) found fundamental to the experience was threat to material safety, self-identity, and autonomy. An argument emerging from the study was the importance of the men feeling connected to others and balancing independence with reliance on others (ibid.). Fear of being stigmatised was found to prevent the older homeless men interviewed from accessing services.

3.1.3 Foodbanks

Food insecurity is a critical issue in the UK and there is a wide consensus within literature that rising foodbank use is a consequence of welfare retrenchment and years of austerity policies (Caraher and Furey, 2018; Lambie-Mumford, 2018; Haddow, 2021). Loopstra et al. (2018) specifically highlight the role of benefit sanctions as a key driver for increased foodbank use in the UK (see also Loopstra et al., 2016; Wright and Patrick, 2019). When exploring the lived experiences of groups claiming social security, such as the participant group for this study, it is useful to keep in mind whether this group are now reliant on provisions such as foodbanks, soup kitchens and community meals as such things have become a part of welfare discourses. Caraher and Furey (2018) estimate the Trussell Trust network only accounts for 50% of food aid in the UK and there remains a gap in knowledge around 'hidden' food insecurity (Haddow, 2021).

Lambie-Mumford's (2017) study of both a Trussell Trust foodbank and FareShare highlights that social security changes have detrimentally impacted the most vulnerable (see also May et al., 2019; Möller, 2021). Sosenko et al., 2019 found that nearly 75% of foodbank users had at least one health issue and two-thirds reported problems with the benefit system. Garthwaite's (2016) ethnographic study of a Trussell Trust foodbank found most foodbank users experienced stigma, fear, and embarrassment (see also Perry et al., 2014; Price et al., 2020). Visiting a foodbank is likely to have a negative impact on a person's sense of self-esteem. At a foodbank, people are generally expected to take what they are given and have little autonomy over the food they receive (Purdam et al., 2016). Instead of being shamed by increased reliance on foodbanks, Conservative MPs such as Jacob Rees-Mogg regard their growth as "rather uplifting" (BBC, 2017, unpaginated).

3.1.4 Universal Credit

Research suggests that the issues outlined thus far will worsen with the roll-out of Universal Credit (UC); a "flagship policy of the UK Coalition government's welfare reform" (Dwyer and Wright, 2014, p.27). Receiving cross-party support, UC replaces six existing payments for working age people (see s.2.6) with the stated aims of simplifying the system of working age benefits; making work pay; increasing conditionality and reducing fraud and error (ibid.). This thesis was conducted as UC was being rolled out, thus both qualitative and quantitative findings on how it is experienced are limited. At the time of writing, barriers to access are being demonstrated including participants unable to afford the expense of the UC phoneline (Stinson, 2018) or to access the internet which is an inherent requirement of the digitalised system. Further consideration of gendered experiences of welfare receipt, including UC, will be considered in s.3.3.

Wickham et al.'s (2020) analysis of the introduction of Universal Credit using longitudinal data from 2009-2018 found an increase in psychological distress among those affected by the policy (see also Arie, 2018; Walton, 2018). Wickham et al.'s (2020) study did not include IRB claimants, however, Cheetham et al. (2019) conducted research with 33 UC claimants with complex needs, disabilities and health conditions and yielded similar results. Cheetham et al. (2019) found that UC not only had harmful effects on health and wellbeing but undermined vulnerable claimants' mental health whilst increasing risk of poverty, hardship, suicidality, and destitution (see also Cain, 2015; Citizen's Advice Bureau, 2015; Thomas et al., 2018).

Reforms which further entrench conditionality, such as UC, may also undermine the relationship between claimants and DWP staff. Their design, which allegedly seeks to ensure compliance, can evoke fear in claimants (Baumberg-Geiger, 2017; Wright and Patrick, 2019) which prevents vulnerable and marginalised people from accessing support. Hence, policy with the disputed intention of encouraging people to foster a "sense of responsibility" (Mead, 1986 cited in Eriksen 2018, p.539; see also Chapter 2), may counter-intuitively alienate social security claimants. Feeling a lack of agency within the social security system has been linked to feelings of shame, humiliation, and stigma for claimants (McNeil et al., 2017; Sage, 2018; Ploetner et al., 2019).

3.1.5 Social Security Receipt Stigma

Subject to increased sociological interest, stigma is believed to carry psychological effects for the individual, including feelings of inferiority, marginalisation (see Chapter 2; Goffman, 1963;

Dovidio et al., 2000) and cause intense psychosocial harm (Goldberg, 2017). I would argue that stigma permeates the entire welfare system and this is demonstrated previously when exploring sanctions (s.3.1.1), homelessness (s.3.1.2) and foodbank use (s.3.1.3). This section is considering stigma attached to social security receipt specifically. For Goffman, stigma emerged in face-to-face interaction, where the individual who cannot produce the 'normal' social identity required (and is aware that they do not fulfil this standard) become discredited due to their personal failure to 'pass' (Goffman, 1968). There has been an academic tradition examining the presence of stigma within the experiences of benefit claiming in welfare state focused literature (Baumberg-Geiger, 2016). Reviewing this, with few exceptions, people's encounters with welfare institutions were typically depicted as degrading and frustrating which suggests that benefit claiming, and associated stigma has had a profoundly negative impact upon peoples' senses of self-worth (Chase and Walker, 2013; Jeffery et al., 2018).

Research has shown that benefit claimants increasingly feel they are members "of a problematic, threatening, even abject population" (Patrick, 2016, p.257: see also Garthwaite, 2014). Through longitudinal research with benefit claimants Patrick (2015), outlined the work required to make ends meet, this included time-consuming activities such as hand-washing clothes, selling items and visiting several shops to ensure purchasing the cheapest daily essentials (see also Canvin, 2009; Ridge, 2009; Lister, 2015; Pemberton et al., 2016). This challenges notions of a passive out-of-work claimant. Beyond being time-consuming, these efforts exert an emotional toll and have been associated with feelings of shame and anxiety (Lister, 2004; Shildrick and MacDonald, 2013; Walker et al., 2013; Hickman et al., 2014).

An additional aspect of work is identifiable through participants' "socially valuable contributions" which included voluntary work, parenting and providing informal support to others (Patrick, 2015, p.128). Mahoney (2015, p.199) found in research with men involved in criminal activity, that participants sought to "redeem themselves" through engaging in voluntary or charity work and put back into the organisations which had supported them (see also Maruna, 2001). However, the increased government focus on paid work neglects the vital forms of unpaid work and contributions being made by benefit recipients (Lister, 2003; MacDonald et al., 2014) without which the "formal economy would grind to a halt" (O'Hara, 2014, p.104). Such engagement is beneficial on a personal and societal level. Findings have also observed social security claimants describing their reliance on benefits and daily lives in terms of inactivity and boredom (Kelvin and Jarrett, 1985; Hutchens, 1994; Sainsbury and Davidson, 2006; McCollum, 2011).

3.1.5.1 Social Class Stigma

The UK experiences relatively high levels of social and economic inequality compared to other European countries (Fawcett Society, 2012; Briant et al., 2013; Pearson and Elson, 2015; Lehtonen, 2019). Research into such inequalities are often undertaken alongside a view of social class positions, often drawing on Bourdieu (1983), there are bodies of research considering the lived experience of social class to reassert the relevance of systems of classification (Skeggs, 2004; Sayer, 2005; McDowell, 2008; Valentine and Harris 2014). It is important not to assume that a person's position within the class hierarchy equates to stigma. However, as Skeggs and Loveday (2012, p.473) assert, in the UK context, there is an engrained widespread derision towards working-class people and lifestyles and these "historical legacies of distinction ... symbolically mark particular groups as bearers of bad culture, faulty psychology, as potentially dangerous, degenerate and undeserving" (see also Jones, 2011). Although any person can be affected by unemployment and subsequent welfare receipt, working-class identifies are often stereotyped and vilified for this (Russell, 1999).

Chase and Walker (2012) and Walkers' (2014) qualitative research demonstrate how individuals living on low incomes experience various forms of poverty-based stigma and shame. Conducting focus groups with people that have experience of living on low incomes, Inglis et al. (2019) highlight how aspects of poverty stigma operate at various levels including structural, public and individual levels and have been associated with health inequalities. This demonstrates a range of psychosocial pathways through which social economic position or poverty-based stigma may negatively affect health (see also McCartney et al., 2013). This appears to be ubiquitous across different countries and contexts (Walker et al., 2013; Inglis et al., 2019). Conducting research in the UK and Japan, Sutton et al. (2014) argue shame and stigma serve to legitimise unequal distribution of power and resources and are, therefore, a universal phenomenon in capitalist societies. Representing the testimonies of 62 people living in poverty, Pemberton et al. (2016) similarly found class position was felt as reflective of personal failure. This discourse was explicitly linked to the Coalition government (2010), the media and welfare policies. Although this is not a new phenomenon, in her 'intimate history' of being brought up on a council estate in the 1970s, Hanley (2007) describes this stigma and the growing otherness of living in a rented home in a world of increasing owner occupation.

3.1.5.2 Othering

As well as being internalised, the stigma aimed at disadvantaged or working-class communities can also be experienced collectively. Chase and Walker (2013, p.752) describe, "people who sense being defined as the 'other' appear to distance themselves from the label

by passing it to 'others'" (see also Batty and Flint, 2010). In a sense, 'othering' can be viewed as a form of stigma in action, as a person or group may seek to address threats and present themselves to be something *other* than that which they are being stigmatised as. Actions a person may take when facing stigma depend upon the economic, social and cultural capital resources available to them. Sayer explains, "othering is likely to support and be supported by relations of economic inequality, domination and social exclusion, and indeed to be stimulated as a rationale for these" (2005, p.59).

'Othering' is a common phenomenon in much sociological literature, including research concerning benefit claimants (see Shildrick et al., 2012; 2012a; Shildrick and MacDonald, 2013; Chase and Walker, 2013; Garthwaite, 2014; 2016; Patrick, 2014; 2016; Pemberton et al., 2016). Conducting life history interviews in a deprived area of North-East England, Shildrick and MacDonald (2013) found that participants denied poverty and morally condemned 'the poor'. This dissociation from 'the poor' echoes an ingrained shame and stigma which indicates discourses of the 'undeserving poor' discussed in Chapter 2 exist as a general prejudice against welfare reliance. Similarly, in an Australian study, Peterie et al. (2019) found unemployed interviewees, because of negative stereotypes, disassociated from other unemployed people to avoid stigma-related shame. This was a major factor in people withdrawing from social networks (Peterie et al., 2019).

Through focus group research in working-class communities, Hoggett et al. (2013) examined resentment in terms of "underlying structure of feeling" (associated with Williams, 1977) which has led to rising "anti-welfare discourses". One key finding was "a sense of loss" and was noted alongside a presence of "bitterness" (Hoggett et al., 2013, p.573). Secondly, a "sense of unfairness" accompanied loss, which was characterised by underlying 'us/them' stories that highlighted the 'other', such as ex-offenders and disabled people, were receiving favourable treatment and led to ressentiment (ibid.). In contrast to research conducted by Shildrick and McDonald (2013), where people sought to distinguish themselves as morally superior to an 'other', Hoggett et al. (2013) found that people felt they were placed unfavourably to the 'other' and they were subsequently overlooked or discriminated against by those in power. The state was also considered as an entity easily manipulated i.e., by this unworthy 'other'.

Shaped by the psychosocial tradition, Hoggett et al. (2013) drew on Crociani-Windland and Hoggett (2012) to distinguish between the feelings of emotion and affect and how these are evoked in participants. Hoggett et al. (2013, p.577) observed that "the cognitive and discursive dimension of a feeling is stronger for emotions such as fear (fear always has an object) whereas an affect such as anxiety is more unformed, visceral and fluid". This study observed that the affect, such as anxiety, with nowhere to be outwardly expressed detaches itself from

the original objects and becomes active within (Scheler, 1992; Hoggett et al., 2013). Findings from this study are framed in terms of the discursive constructions of the 2010 Coalition government, outlined in s.2.4. It could be argued that the problems surfacing from these communities alongside the underlying 'structure of feeling' has been shaped by neglect or disconnect arising from policy decisions. Community racial tensions were presented as part of this resentment (Hoggett et al., 2013). Interestingly, Mahoney (2015) found that white, working-class participants held animosity to minority communities whilst also holding a distinct respect for the work ethic of migrant workers (see also Valentine and Harris, 2014; Dhaliwal Forkert, 2015). Examining government discourse 2010-2016, Morris (2019) notes that migrants and welfare recipients share key similarities in being affected by austerity measures, erosion of public services and experience increased conditionality and surveillance in accessing their rights.

Moreover, there is a growing evidence base of growing scepticism across the class spectrum about the existence of poverty in Britain with 'dependency' on welfare perceived to be self-inflicted, a personal choice or a manifestation of a lack of self-discipline (Rowlingson et al., 2010; Valentine and Harris, 2014). The use of language such as 'chavs' within media discourse is argued to actively reproduce and cement stigmatising notions of white working-class identity in everyday life (Haylett, 2003; Jones, 2011; Valentine and Harris, 2014; Shildrick and MacDonald, 2013). It is evident that the conditions and environment in which one lives play a pivotal role in the formation of one's understanding of themselves and wider society. In this section it has been explored through the phenomena of stigma and 'othering'. Although 'othering' may be a form of protection it is also detrimental to identity and sense of self (Peacock et al., 2014). These literature findings demonstrate the importance of exploring lived experience through the 'psycho' of internalised feelings of stigma alongside the 'social' experiences of community.

3.2 IRB Receipt, Stigma and Legitimacy

Scambler (2018) posits that cultural intensification of individualism, powered by neoliberal ideology, has reduced empathy and compassion for others leading to stigma becoming weaponised (see also Tyler, 2015). Focusing on those with disabilities specifically, Scambler argues (2018, p.777):

> "*If deviance can be effectively appended to stigma, then the austerity of neoliberalism that seeks to blame and punish vulnerable people like the dis-abled might obtain sufficient purchase to open the door to enhanced capital accumulation both beyond the pale and deserving of their lot and their misery*."

Coercive measures to encourage benefit claimants to enter the labour market (see Chapter 2) have been supported by a discursive (re)construction of benefit claimants as undeserving through processes of social shaming and stigmatisation which can be internalised. Chapter 2 outlined how those unable to work due to sickness and disability are a population at increased risk of disadvantage, stigma and social exclusion. Incapacity-related benefit claimants have been positioned against a backdrop of welfare reforms and are increasingly depicted in popular discourse as unjustly receiving welfare support (Chapter 2). This was evident while reviewing qualitative literature. Shildrick and MacDonald (2013) found this suspicion of 'others' to be inflamed against those who were claiming IRBs. Detailed in the previous section, focusing on the moral failing of 'others' obscures the causes of inequality, divides communities and corrodes compassion for the most disadvantaged in society. Garthwaite (2014) found that while research participants were themselves IRB claimants who experienced first-hand stigma, they also identified other IRB claimants as 'scroungers'.

Pressure for IRB claimants to present as 'deserving' is a common theme in welfare literature and links to hegemonic discourses of benefit fraud and 'skivers' detailed in Chapter 2. Fletcher et al. (2016) conducted research with a range of benefit claimants including disabled people and found participants' perception of the abuse of the welfare system predominantly came from media coverage. Although some participants did have direct knowledge of fraudulent activity, this rarely occurred from personal involvement (ibid.: see also Manji, 2017). Manji (2017), in qualitative research with IRB claimants, found that due to perceived suspicion about their benefit entitlement, individuals only told immediate family that they claimed benefits. Conducting research with people experiencing back pain, McCluskey et al. (2011. p.4) described a "pursuit of authenticity" where claimants sought to appear as "genuine" and suggest that the social security system risks promoting "the problem of disability" through "rewarding" sickness absence. This work suggests claimants may be encouraged to be self-

limiting and “fearful of work activity to fulfil their ‘disabled role’” (ibid.). The language used by McCluskey et al. (2011; 2014) risks contributing to the process of denying legitimacy of illness, particularly where conditions and/or pain is complex and imperceptible such as mental health conditions. Arguably, such language justifies the increasingly punitive welfare reforms exacerbating the stigmatising experiences of those claiming social security outlined throughout this chapter.

Glenton (2003) similarly conducted research with lower-back pain sufferers in Norway whose illness was delegitimised for not achieving the ‘sick role’ (a term associated with Parsons (1951; 1975)). These feelings of ‘delegitimation’ (Kleinman, 1992) have also been described in other studies of back pain sufferers’ experiences in Norway and elsewhere (Walker et al., 1999). It is noteworthy that these studies found that participants were fearful of stigma attached to mental illness or a psychological diagnosis discrediting and delegitimising their experience of physical lower-back pain (Glenton, 2003). It is easy to see how this discrediting and delegitimising could be experienced by other claimant groups including those with mental illness. Conducting qualitative research with IRB claimants who experience mental distress, Greener and Moth (2020) found respondents emphasised challenges and placed a high value on having their distress formally recognised, expressing concerns about policies which minimise their lived experience (see also Bonnington and Rose, 2014).

Coinciding with this, Saffer et al.’s (2018, p.1564) in-depth interviews with people claiming IRBs due to physical health conditions or disabilities found several participants reflected on a “hierarchy” of disability with some deemed more “legitimate”. Distinctions were made between those who require the use of a wheelchair compared to those with ‘invisible’ disabilities. This results in those with invisible disabilities feeling they are judged to be undeserving (ibid). Manji (2017) notes that participants who did not believe they fit a stereotypical appearance felt less likely to be viewed as ‘deserving’. Further, alongside visible impairment, living in supported accommodation was believed to make people easily identifiable as a deserving ‘other’ within their communities (ibid.). Focusing on this within mental health, Huggett et al. (2018, p.380) describe a “hierarchy of labels” where depression is less threatening than schizophrenia, but physical disabilities are the least stigmatised. Stigma attached to mental illness and IRB claiming will be considered further in s.3.2.1.3.1.

3.2.1 IRB and Conditionality

I previously argued, in Chapter 2, that welfare reform has created an increasingly conditional and unstable system for IRB claimants. This section will consider some of the ways it is doing so and its effects. Within the national variations of welfare typology, the UK incapacity benefit

system is a “compliance-based system” categorised by high conditionality and weak rehabilitation (Baumberg-Geiger, 2017, p.116). Initially aimed at unemployed people, these contractual obligations increasingly include IRB claimants, so it is crucial to investigate how conditionality is experienced by individuals claiming these. The emerging body of qualitative research investigating lived experiences of welfare exhibit “clusters of commonality and shared intersubjective experiences” (McIntosh and Wright, 2018, p.462). Wright et al. (2020, p.278) conclude from analysis of a wider five-year study (2014-2019) that punitive welfare conditionality often caused “symbolic and material suffering and sometimes had life-threatening effects which can be understood as a ‘social abuse’”.

Literature demonstrates conditionality further aggravates the general experiences of being an IRB claimant. IRB claimants are more likely to be living in poverty and have barriers to meeting mandatory requirements set out by conditionality than other groups. Patrick (2011) explored attitudes to work-related conditionality with three focus groups (one of non-disabled people, two of disabled people). The study found that disabled participants focused on the barriers to work, in contrast, these barriers often went overlooked by non-disabled participants. This exhibits the wider depth of understanding and advanced empathy held by those with personal experience and illustrates the importance of including voices of experience in policy decisions. A common theme emerging when reviewing literature was that participants lacked knowledge of how the system operated, the conditions of their benefit receipt and the purpose of sanctions (Lindsay and Houston, 2011; Fletcher et al., 2016). Despite this knowledge deficit, Fletcher et al. (2016) found that welfare recipients expressed support for the principles of conditionality and dissociated from stigmatising discourses of ‘gaming the system’ (also Dean and Taylor-Gooby, 1992; Reeves, 2017).

Many advocate that policy expectations for IRB claimants are unrealistic (Connors, 2016; Jeffery et al., 2018). Other studies have found that even when IRB claimants are exempt from mandatory conditionality policies, they were impacted by an increased perceived threat of losing or being ineligible for benefits (Manji, 2017; Pybus et al., 2020). Application forms and letters from the DWP were experienced as lengthy and confusing (Saffer et al., 2018). The introduction of Universal Credit involves further assessment processes which are of specific concern for disabled and ill people, given the large-scale redefinition of significant numbers of ESA claimants as ‘Fit for Work’ and the subsequent high proportion of Work Capability Assessment appeals that have been upheld (Kennedy et al., 2019) this will be discussed in s.3.2.1.2.

McCluskey et al. (2011, p.6) outline how the ability to re-train or obtain further qualifications is often out of reach for IRB claimants due to “financial constraints, existing educational level,

and limitations posed by health". Moreover, where people are unable to find work, the government strategy of encouraging personal responsibility for their situation could invoke feelings of shame and reduced self-worth. Friedli and Stearn (2015, p.44) found claimants reacted with "anger, humiliation and depression" to messages from welfare-to-work contractors who emphasize that it is the claimant's own mindset that is the problem. The incidence of social harm is likely to limit any potential cost-savings from reducing unemployment benefit claimant rates. Further, research such as that by Oakley (2016) illustrate that social security payments for sick and disabled people need to meet their requirements. Innovation in employment support can lead to more tailored and effective programmes, however, these interventions should be offered at an appropriate time taking into consideration identified gaps which included debt advice, rehabilitation services and bereavement support (Corden and Nice, 2006).

3.2.1.1 'Bedroom Tax'

The 'spare room subsidy' commonly referred to as the 'bedroom tax' refers to a clause included in the Welfare Act 2012 necessitating that those judged to have a 'spare room' (therefore under-occupying their home) were compelled to either move to a smaller home or forfeit a percentage of their benefit (see s.2.4). It is an aspect of welfare reform which has profoundly impacted IRB claimants as there are unique barriers sick and disabled people face which undermine relocating. This included: people having existing adaptions made to their homes, the 'spare room' was allowing spouses to sleep separately, or individuals who relied on support of family nearby or neighbours. It emerged that moving property would reduce people's quality of life, however, those who did not experienced a reduction in their income (Moffatt et al. 2016).

Birk (2017) conducted content analysis of personal narratives around this controversial policy in two newspapers and found that, where people who were directly impacted shared their experiences, they challenged stereotypes of benefit claimants. Instead, personal accounts described that people were being left with stark choices such as of heating their home or eating (ibid.). Moffatt et al. (2016) found that bedroom tax increased poverty and participants linked the financial demands of the tax to sleep problems and detrimental impacts on their mental and physical health. Family relationships and social networks have also been negatively affected as well as restricting opportunities for social engagement (also discussed in Greener and Moth, 2020).

3.2.1.2 Work Capability Assessment

Findings in this literature review overwhelmingly suggest that the benefit system is not appropriately supporting those who need it most and is, counterintuitively, causing further distress to ill people (Moffatt and Noble, 2015; Allen et al., 2016; Saffer et al., 2018). For IRB claimants, this was particularly pertinent as a consequence of the Work Capability Assessment (WCA). The WCA is connected to the increased conditionality that has become a defining feature, or organising principle, of the contemporary welfare landscape. Although not the first example of assessing claimants' eligibility or 'deservingness' of social security (see Chapter 2), the WCA has become notorious in gauging whether people are 'Fit for Work' over the period of austerity.

Patrick (2012) and Shakespeare et al. (2017) outline that disabling barriers to work are overlooked in the WCA. This highlights the repercussions of assessors lacking knowledge about the specific needs of people living with disabilities or health conditions (Akers, 2016; Dwyer et al., 2016.; Saffer et al., 2018). Moreover, there is little acknowledgement of the work required in living with enduring mental health needs (Patrick, 2015). The WCA has been found to have detrimental impacts on the mental health of individuals undergoing assessment and appeal processes (Garthwaite 2014; Mattheys et al., 2017; Dwyer et al., 2020). Qualitative research with people experiencing mental illness found those interviewed felt their personal accounts were disregarded by assessors in the WCA (Lindsay and Houston, 2013; Maclean et al., 2017; Dwyer, 2017; Dwyer et al., 2020) with physical health being the central focus and the episodic nature of many mental health conditions overlooked (O'Hara, 2014; Marks et al., 2017; Hansford et al., 2019; Kennedy et al., 2019; Greener and Moth, 2020; Dwyer et al., 2020). This was supported by a judicial review in 2013 which found the WCA substantially disadvantaging those claiming IRB due to mental health (MIND, 2013).

Marks et al. (2017, p.17) note "having to [justify] their condition to a stranger, and feeling that there is a possibility of being made to return to work – whilst still feeling very unwell – was very destructive for participants" (see also O'Hara, 2014; Hansford et al., 2019). The WCA process was found to induce feelings of hopelessness and shame which led some to avoid support services which could disrupt recovery from addiction and lead to homelessness (Hansford et al., 2019). In accordance with findings above, sources of difficulty in the study included contradictions between WCA judgements and other healthcare professionals and the stress of presenting as 'deserving' (Hansford et al., 2019). Conducting qualitative research throughout the UK for Joseph Rowntree Foundation, O'Hara (2014) found that the WCA brought suffering and anxiety. O'Hara (2014, p.150) drew on an example of a claimant

awarded zero points at their assessment because they could meet a friend occasionally for coffee which evidenced “planning and spontaneity” and thus demonstrated ‘fitness’ to work. I would argue that this example illustrates that the fundamental ability to maintain social connections is under increasing scrutiny by the DWP. Despite it being clear that socialising with others will support an ill person (Canvin et al., 2009) such simple acts are undermined. Instead, it seems, ‘deserving’ claimants are those whose activities are explicitly aimed at bringing them closer to the labour market.

3.2.1.3 Conditionality and Mental Health

Mental disorders are one of the most common reasons for claiming sickness benefits worldwide and evidence suggests this is increasing (Viola and Moncrieff, 2018). Sage's (2013) international literature review drew favourable conclusions on the potential of active labour market polices (ALMP) to improve the health of sick and/or disabled people by reducing negative outcomes such as depression, low self-esteem and suicide rates among unemployed people. Others have argued that the UK's increasingly conditional social security system is detrimental to the mental health of those claiming or receiving benefits (Barnes et al., 2017; Dwyer et al., 2020). Analysing data generated in longitudinal qualitative interviews with 207 UK social security recipients, with experience of a range of mental health issues, Dwyer et al. (2020) found that welfare conditionality was largely ineffective in moving people with mental health impairments into, or closer to, paid work. Yet the research evidencing consequences of welfare conditionality on individuals with mental health issues remains limited (Dwyer et al., 2020; Pybus et al., 2020).

Across literature, people who had their disability benefits impacted by welfare reform described their contact with the social security system as dehumanising and unpredictable (Saffer et al., 2018) which led to fear and stress (Wright, 2016; Patrick, 2017; Marks et al., 2017). Stuart et al. (2019) found participants living independently on benefits with mental health conditions did not have sufficient security to protect their health (see also Shefer et al., 2016). Exploring the impact of wrongly removing IRBs from people with mental illness, Shefer et al. (2016) found that the rejection process is filled with frightening challenges and leaves individuals without basic subsistence for significant periods of time. Contemporary studies exploring consequences of conditionality on mental health, reference the current context as a backdrop of hostile political and popular discourses which worsens the mental distress of participants and in some cases led to suicidal thoughts (Marks et al., 2017; Dwyer et al., 2020; Greener and Moth, 2020; see also Chapter 2). Suicides have been related to benefit assessment processes (Mills, 2018). In Ploetner et al. (2019) participants described

experiencing suicidal thoughts and fear about interacting with the benefit system, highlighting that the process of claiming social security for a mental health problem is particularly uncertain. They explain that many participants became tearful or distressed discussing this and provide an excerpt of a participant stating that if she was “found fit for work, she would take her own life with a planned method” (Ploetner et al., 2019, p.680).

Conducting interviews with IRB claimants to assess their experiences of receiving welfare advice, Farr and Cressey (2018) describe that for three clients, welfare advice prevented further deterioration in mental health, self-harm and suicidal feelings. Advice services and charities were found to provide advocacy and empowerment yet their ability to deal with rising demand to support people with disabilities experiencing welfare reform is put under pressure due to both reduced local government and legal aid funding (Morris and Barr, 2013). Due to the stress caused by welfare reform some individuals have halted their claim (O’Hara, 2014; Garthwaite, 2014) and become destitute or reliant on voluntary services. The negative health outcomes of conditional welfare risk making future employment less likely (Dwyer et al., 2020: see also Wright and Patrick, 2019). Instead, the outsourced institutional processes operated to restrict welfare entitlements and intensify stigma for people experiencing mental distress, increase personal blame and responsibility upon the individual for their condition (Greener and Moth, 2020). This is not to dispute the benefits of meaningful, sustainable work for people (Waddell and Burton, 2006) but to highlight the consequences of processes of conditionality upon those unable to work at the time.

3.2.1.3.1 Mental Health Stigma

Alongside the previously stated issues, which link to social security receipt, it is also important to consider that experiencing mental illness can be stigmatising. According to Corker et al. (2016) approximately nine out of ten people with mental health problems report experiencing stigma. In a survey of 194 individuals diagnosed with depression, psychosis or bipolar disorder, Farrelly et al. (2015) found the anticipation of negative treatment by others led respondents to isolate themselves, meaning that harmful consequences can arise regardless of whether the person experiences actual prejudice from others. Experiencing mental illness is a barrier to employment. Tindley (2011, p.44) explains that the “stigma of mental illness is so great that some members of the medical profession encourage people with MH problems, even if fully recovered, to lie about their medical history to prospective employers”.

Huggett et al. (2018) outline the institutional stigma felt against people who claim benefits for a mental health problem and suggest that being a benefits claimant and its impact (including

social stigma) upon mental health should not be underestimated. Huggett et al. (2018) emphasise the need for further research investigating mental health stigma (see also Mestdagh and Hansen, 2014; Bonnington and Rose, 2014) and discrimination (Hamilton et al., 2014). Ploetner et al.'s (2019) research with benefit claimants experiencing mental health problems found claimants spoke about social stigma because they do not have paid employment and therefore are not contributing to society, however, this study did not mention additional stigma related to their mental health. With such findings in mind, I have always wanted to avoid assuming a master-narrative for participants (for example by focusing on assumed stigmatising characteristics of 'benefit claimant' or 'person experiencing mental distress'). This influenced the selection of a method, discussed in detail in Chapter 4.

3.3 Gendered Experiences of Social Security

Exploring IRB receipt for men experiencing mental health problems is timely given, firstly, the welfare reforms described above, and additionally, the increased publicity around men's mental health. It is estimated one in eight men in England have a common mental health condition, yet it is believed that men are less likely to disclose their mental health issues or to seek psychological therapies (Mental Health Foundation, 2020). This is connected to a perceived stigma for men experiencing mental health problems owing to outdated gender roles and stereotypes of "strength, dominating positions of power, the hunter-gatherer, the idea that strong and silent is attractive" (ibid., unpaginated). With this in mind, it is important to explore the different gender dynamics that influence claiming social security receipt.

The foundations of welfare and dependency are inherently gendered with the male role traditionally the 'breadwinner' who controlled familial finances (see Chapter 8). Unpaid forms of labour, particularly caring roles, have been assumed to be women's and this is linked to broader gender inequality (Glenn, 2000; Boyer et al., 2017). Valentine and Harris (2014, p.86) found judgements of working-class communities were gendered, for example women being viewed as "feckless" whereas men "were characterised as redundant, aggressive, heavy-drinking and criminal". When conducting this literature review and focusing on gendered experiences of social security it became clear that most existing research focuses on women. Such studies are necessary as women often bear the brunt of policy changes and disadvantage; however, it also highlights the gap of research on men's experience. Typically, women are exposed to poverty stigma with roles such as domestic budgeting and childrearing being devalued, but, for men "poverty reduces their ability to meet socially constructed norms of masculinity" (Walker et al., 2013, p.217).

As well as social security receipt, social support networks represent resources which help people in disadvantaged communities to 'get by' and research indicates it is mainly women who sustain these (Hooper et al., 2007; Hamilton, 2012; Lister, 2015; Daly and Kelly, 2015). A key finding in pivotal research conducted by Shildrick and MacDonald (2013) was the normalisation of everyday hardship, where those living in poverty stressed their ability to 'cope' and manage limited resources. This was pronounced in interviews with women, especially mothers, who described managing household budgets and caring responsibilities (ibid.: see also Rowlinson and McKay, 2005; Middleton, 2011). Peacock et al. (2014), in their study with women which explored inequality, found that participants held notions of individual responsibility, rejected all non-individualistic explanations for personal hardship and applied judgements to dependency. This was similarly illustrated by Skeggs (2005, p.971) who described the ways in which working-class women "refuse victim-hood". Further work by Tyler (2008), Armstrong (2010), Gidley and Rourke (2010) and Taylor (2012) exhibit the resourcefulness and hard work of working-class mothers (and less so fathers (Hadley, 2019)) to obtain security for their families.

There has been limited focus on men in studies such as those above, however, post-recession the number of men living with a female 'breadwinner' increased and evidence that fathers are assuming greater responsibilities for childcare (Connolly et al., 2014). This care also extends to older generations of men who are more commonly providing care for their elderly partners (Baker et al., 2010). Boyer et al. (2017, p.62) propose that this rise in male care suggests some have used the economic crisis, and subsequent recovery period, to redefine "unemployment as an opportunity to reconfigure parental and personal identities". More research is required to pursue gender in this context.

3.3.1 Gender and Universal Credit

As detailed, there is a rich body of research exploring the impact of the austerity measures and welfare reform on women (Millar and Ridge, 2001; 2020; Millar, 2007; Ridge, 2007; Luna, 2009; Jensen and Tyler, 2012 Klett-Davies, 2016; Greer-Murphy, 2018). Such investigations remain vital going forward as certain reforms to welfare disproportionately affect women (Campbell and Childs 2015; Sanders et al., 2019; Andersen, 2019) such as the 'two child limit' impact on single parents (the population of whom are predominantly women) that limits the child element of child tax credit to two children for those born after April 2017 (Millar and Ridge, 2020). Examining the influence of means-tested welfare on partnering and family structure, Griffiths (2017) found that financial issues often dominated mothers thinking which, Griffiths contends, discredits simplistic notions that women 'choose' to be single mothers or

‘pretend’ to separate from their male partners (see also Crisp et al., 2009; MacDonald et al., 2013).

The importance of continuing to explore gendered dimensions of welfare receipt is exemplified by the introduction of Universal Credit (UC). Instead of individuals in a partnership independently claiming benefits, UC is claimed and owned by couples jointly, usually paid in full to one partner. This political decision reinforces the traditional male breadwinner role (Bennett and Annesley, 2011) and has moral underpinnings supported by Conservative party members such as Iain Duncan Smith advocating that it encourages marriage (Chapman, 2011; Griffiths, 2017). Conducting a small-scale qualitative study Andersen (2019) found that UC conditionality subjects mothers to conflicting responsibilities of mandatory work-related requirements and unpaid childcare. The UC joint claim is part of enforcing work-related conditionality for both parents and an extension of the practice introduced of joint claims for Jobseeker’s Allowance (Bennett and Sung, 2013). This makes assumptions about the sharing of resources and ignores inequalities of power within couple relationships (Warburton Brown, 2011; Griffith, 2017). The priority of this policy is to address workless households, and the cycle of intergenerational worklessness (despite remaining unevidenced: see s.3.1). This is reflective of other policies and discourses which see young working-class men and teenage mothers as markers of abjection and targets of social class stigma (Tyler, 2008; Jones, 2011; Nayak and Kehily, 2014).

3.3.2 ‘Significant Other’

A gendered element was present in McCluskey et al. (2011), a study cited in s.3.2 in relation to back pain. Their study considered participants, who were predominantly male and claiming IRBs, dependency on and influence of ‘significant others’. In this context, ‘significant other’ describes a person who is important to one's well-being especially a spouse or similar relationship. This research found that claimants’ significant others often reinforced negative illness beliefs and cynicism about the likelihood of returning to work (McCluskey et al., 2011). Significant others were more forbearing of the permanence of negative impacts of the back pain and the ability for the sufferer to engage in formal employment (ibid.). Both back pain and mental illness are experiences which have long-term impacts, can be identity changing and stigmatised (particularly for men). Arguably, this research neglected to consider that a significant other may feel more empowered to advocate. Significant others, in this instance women, are key to an individual’s recovery and return to work through their caring role.

Maintaining relationships are crucial as chronic pain carries social stigma which in turn leads to isolation (Newton et al., 2013). Hence, it could be posited that the ‘significant other’ in

McCluskey et al.'s (2014) study helps their partner avoid isolation and stigma. Collecting narratives of older men living in hostel accommodation, Holt et al. (2011) found that being 'settled' was more psychological than physical and was linked to participants' sense of connection with others. This 'connectedness' was primarily described in relationships with partners, as well as work colleagues and wider community. Holt et al. (2011, p.495) note that in their accounts several participants "left the impression that they had gained a sense of connectedness to others almost exclusively through these relationships". Mahoney (2015) found, similarly, that the introduction of a significant other supported men desisting from crime and changing their life prospects; men previously engaged in criminal activity were positively influenced to avoid crime.

3.3.3 Men and Unemployment Narratives

Interestingly, the significant other role analysed above appears to be one which is providing advocacy and legitimacy for an ill person to not return to work. Perhaps this is a crucially protective role being carried out by significant others as typically "men's gender identities are constructed, compared and evaluated by self and others … indicating 'personal' success in the workplace" (Collinson and Hearn, 2001, p.146). Research has shown that formerly employed individuals who enter poorly paid and insecure work are more likely to experience chronic stress than those who remain unemployed (Chandola and Zhang, 2017). Feeling forced to take up employment may reduce mental and physical health as well as quality of life (Thomas et al., 2018). Psychosocial stressors generated through poor quality work could be as bad for health as being unemployed (Bambra, 2011; Shrecker and Bambra, 2015).

In this section, ideally, there could be more discussion of studies on masculinity and IRB receipt, however, there is a deficit of empirical research on this topic. Although there is research about men's experiences of unemployment, employability and work motivation (see Kelvin and Jarrett, 1985; Beatty et al., 2000; Sainsbury and Davidson, 2006; Burns et al., 2007; Kemp and Davidson, 2010; Skivington et al., 2010; Kellett et al., 2011; Kotera et al., 2019) there remains a scarcity of research which considers the health and illness narratives/ lived experiences of male IRB claimants. Beatty et al. (2009) draw on survey and interview data with IRB claimants to explore gender differences. Arising from their findings were the recommendations that male IRB claimants need to be encouraged to look at the possibility of working as well as the provision of individual tailored support (Beatty et al., 2009). They attribute a rise in women IRB claiming to labour demand and supply affecting men and women more equally and make direct connections between IRB claiming and the loss of archetypally male jobs in the 1980s (Beatty and Fothergill, 1999). I would argue that Beatty et al.'s (2009) study focuses on IRB as a mechanism that obscures unemployment levels, despite the

absence of direct evidence (Bambra and Smith, 2010) and doing so overlooks the experiences of IRB claiming and gendered aspects of this.

Dolan (2007) contends that much of the research drawing attention to men's disadvantage in health has tended to focus on men's inclination to engage in health-damaging behaviours such as smoking, drinking, violence and reckless driving. Dolan's (2007) qualitative research with working-class men from urban areas, identified gendered divisions with participants emphasising their responsibilities as 'providers'. Perhaps unsurprisingly, his research found that men on the lowest incomes, living in disadvantaged circumstances, experienced stress and anxiety due to the way they felt that others in more privileged positions treated them (ibid.). Crucially, Dolan (2007) notes that men experienced feelings of hostility, rejection and injustice yet they had materially little change to their standards of living. This shift in identity and how men unable to act as a 'provider' (due to unemployment/ illness) experience this is currently underexplored. It highlights the importance of exploring the lived experience of people experiencing disadvantage and how stigma is internalised.

Masculine identity is not static and adapts based on experiences and context (Mahoney, 2015). Employment can contribute to a person's sense of self and when this is removed from the individual they may be left stripped of an integral part of their identity. This can include loss of the masculine identity in traditional roles such as the 'breadwinner', 'provider' and 'head' of the family which understandably results in detrimental impacts on individual's psychological wellbeing (Winlow, 2001; Mahoney, 2015). Eales (1989), conducting research with 80 unemployed men, found shame was a common experience and this was also linked to mental health problems such as depression. In their study of young unemployed people in Sweden, Rantakeisu et al. (1997) found men are often more shamed by other people than women are.

Jimenez and Walkerdine (2011, p.190; 2012) used a psychosocial interview-based study to explore young unemployed men's resistance to employment which was "embarrassing and feminine". This small-scale study of six young men and their mothers (and fathers where possible) found complex fractures within the community around masculinity and femininity. Jimenez and Walkerdine (2011; 2012) observed their male interviewees displaying anxiety and fear of feminization: related to doing service work such as working as a cashier or a cleaner. Furthermore, Jimenez and Walkerdine (2011) found that the young men and their parents' responses to unemployment, the loss of industrial work and the risk of service work was often shame and embarrassment. This shame was inflicted upon men by their parents, siblings, relatives and people in their community "epithets such as 'gay', 'woman' or 'mammy's boy' were amongst the most commonly dreaded insults" (ibid. p.193). To avoid these insults young men needed to dis-identify from mothers and the feminine. Exploring father-son

dynamics, Jimenez and Walkerdine (2012) found that where a father (or stepfather) was unemployed, their experiences were reinforced onto the son. These "unconscious collusions between father and sons" are found to "legitimate and normalise specific cultural demands and constraints for what counts as male subjectivity" (ibid. p.281).

Walkerdine (2016), exploring affective history in 'hard to reach groups' of working-class communities, noted that:

> *"hard industrial masculinities also served to keep the community safe through hard-won practices, such as unions but also through assuming the bodily strength and fortitude to withstand heavy, dangerous work. It is possible to understand such a masculinity as a communal meaning that serves to hold a community together. It could be called a fantasy, not to denigrate it but to understand that the tropes of this masculinity are what come, in many ways, to stand for what the community is." (Walkerdine, 2016, p.701).*

Walkerdine (2016) develops this point by observing many women within the research insisted on referring to their male partner as the 'breadwinner', even when the woman earned the main income; this title keeps a fantasy of sexual difference alive. In contrast, Maffesoli (2016) describes this as a more modern 'splitting' due to a loss of social categories. Both highlight that women are protecting men to "protect a masculinity that allows them to be women" (Walkerdine, 2016, p.702). Walkerdine (2016) advocates the need to utilise methodology that goes beyond what the participants share within the interview setting. In research with young men in a post-industrial town, she describes young men refusing to take employment which involves literacy and notes:

> *"In order to hear its screams effectively we must relate it to other historical analyses of the significance of such meanings as well as understanding the present web of relations. It is perhaps not surprising that actions, such as those of the young men in question, are often condemned by social scientists as backward, sexist, lacking aspiration and many other moral derogations.*" (Walkerdine, 2016, p.705).

This assertion emphasises the significance of exploring participants' experience within their own personal history as well the wider context (see also Simpson et al., 2016). This thesis contributes to the studies described so far through examining the experiences of men with mental health issues, receiving long-term benefits, dealing with loss of traditional identities such as "provider" but also navigating an unstable welfare system that is, arguably, designed to be stigmatising.

3.4 Conclusion

This chapter has reviewed three central areas of literature. The first section explored post-2010 qualitative research into UK benefit claimants and the impact of welfare reforms. The key themes when researching the lived experience of benefits included Universal Credit, sanctions, homelessness and foodbanks. This led to a discussion on stigma and social security receipt. Due to the increased sociological interest around stigma there were a wealth of studies explored, these highlighted that much of the stigma and shame experienced by an individual is influenced by the economic, social and cultural capital resources available to them. In research that encompassed stigma and both social class and welfare, '*othering*' was found to be a major phenomenon which led to a discussion on this concept.

As this doctoral research started from the premise that benefit claiming has become increasingly stigmatising for people claiming IRBs (Chapter 2), the second section considered qualitative findings on IRB receipt, stigma and legitimacy. The primary purpose of this was to locate where this research will contribute. The investigation strengthened my understanding that qualitative methods uniquely capture direct experiences and the individualistic nature of welfare processes. A key finding here was that the growing body of academic evidence on the lived experience of conditionality, particularly for IRB claimants, is inconsistent with the policy mechanism outlined in the previous chapter. Despite this, policymakers appear to be disinclined to learn from lived experiences of conditionality (Manji, 2017; Reeve, 2017; Lehtonen, 2018; Jeffery et al., 2018; Wright and Patrick, 2019). Further research is needed to understand the social consequences of conditionality including potential risks, which oppose the proposed advantages, particularly for people experiencing mental illness.

People who are experiencing mental health problems are especially vulnerable to austerity policies and welfare reform (Mattheys, 2015). To better understand this we need access to accounts, which offer us an insight into the meaning of conditional welfare policies for men who are mentally ill. Presenting distress as a personal failure legitimates austerity-related restrictions on benefit and service entitlements as part of a wider project of neoliberal welfare state transformation. The limited research that considered welfare reform for people experiencing mental illness called for the need for more research in this area. No literature accessed considered the experiences and expectations of conditionality upon men specifically.

Thirdly, gendered experiences of welfare receipt were discussed. Literature in this area reveals the gendered foundations of welfare and 'dependency'. There was a focus on

masculinity and unemployment narratives due to the deficit in qualitative research of men's experiences of IRB receipt. The studies explored evidenced that, although there is a deficit in research about men specifically, the present research on both men and women expose important factors to learn about gender and relationship dynamics. Unpaid forms of labour, particularly caring roles, have been assumed to be women's and this is linked to broader gender inequality (Glenn, 2000; Boyer et al., 2017). This section outlined that women often bear the brunt of austerity; more research is required to pursue gender in this context.

Exploring stigma, IRB receipt and welfare for men has highlighted that, although experiences are characterised within political and media discourses, lives are far more complex than stigmatising discourses allow for. As social security continues to change, previous studies which remain valuable can become outdated. The need for ongoing research is particularly pertinent given the tightening of IRB criteria which is causing distress and risk of destitution. This doctoral research offers a temporal exploration of a specific participant group's experiences of major reconstruction to the welfare state as well as their wider lived experiences. This is valuable in contributing to the growing body of research. I am not aware of any qualitative studies, which have specifically explored the experiences of men in receipt of IRBs due to mental illness, despite being the largest IRB claimant group. The aim of the present research, therefore, is to redress this gap in the current UK welfare literature.

There is a growing academic interest in the 'psychosocial' dimensions of stigma and disadvantage (Lister, 2004; Garthwaite, 2016; Baumberg-Geiger, 2016). This style of research helps to deepen the reach of understanding how people experience their internal and external worlds. Goffman proposes that the stigmatised individual shares the same belief system as the rest of their culture – so then "the standards incorporated from the rest of society equip him to be alive to what others see as his failing, inevitably causing him to agree that he inevitably does fall short of what he really ought to be . . . shame becomes a central possibility . . ." (Goffman, 1968, p.18). As the sense of inadequacy is internalized within the individual's own meaning system shame is experienced privately, personally and as all embracing (Frost and Hoggett, 2008).

As this literature review has demonstrated, researchers have drawn on empirical evidence to detail the experience of welfare reforms and IRB claiming, some of which has looked at this topic from a poverty or disability perspective. Many studies on benefit recipiency focus on participants lives **as** claimants. There is a gap of research understanding that can be gained through narrative methods which foreground the perspectives of participants and their lived experiences more broadly. My intention with the method selected (detailed in Chapter 4) is

instead to focus on the participants' narratives holistically and what aspects of their lives they chose to share, to examine how people experience and explain mental illness and welfare reform, within the broader biographical and situated context of their lives. These experiences are particularly relevant in that they are "shaped and mediated by policies, policy-related discourses and the practices of front-line welfare agencies" (McIntosh and Wright, 2018, p.454).

With the above in mind, a psychosocial, narrative method was selected for the overall research project. This aims to gather data about the experiences of men with mental health issues in receipt of IRBs to understand how they make sense of their own lives (see Chapter 4). As Wendy Hollway and Tony Jefferson describe:

> *"Subjects whose inner worlds cannot be understood without knowledge of their experiences in the world, and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world." (Hollway and Jefferson, 2000, p.4)*

The methodological approach adopted in speaking to people about their lived experiences of welfare reform is the subject of the next chapter.

CHAPTER 4
METHODOLOGY

Introduction

Popular political, media and public discourses stigmatise and stereotype welfare recipients in a way which bears little comparison to the lived reality of welfare receipt. Chapter 2 traced how those unable to work due to illness/disability became increasingly portrayed in welfare policies as 'undeserving' alongside an intensification of stigma. Following this, Chapter 3 explored some of the qualitative literature findings around the lived experiences of social security recipients. This study intends to contribute to the growing field of qualitative research and, whilst not replicating other work, to consider how major reforms to the welfare state are being experienced. Reviewing literature led to the focus on men with a mental health diagnosis by establishing that they are an under-researched group, yet they make up the largest IRB claimant group (Chapter 1). A gap emerged examining the experience of men with mental health issues on long-term benefits dealing with this loss of the role of "provider" but also navigating an unstable, increasingly conditional, welfare system. It is in light of these investigations the main research focus within this study was predicated upon the following question:

> "How do men, who experience mental illness and claim incapacity-related benefits, negotiate the changing welfare system?"

In exploring the research question, this study aimed to capture the perspective of the individual participants through their experiences, stories and narratives (Mason, 2002). Emerging from this, I have utilised a qualitative research methodology which helps to account for the contradictory nature of narratives and understand the influence of past experience and wider societal discourse upon individuals.

4.1 Narrative Methods in Research

A central concern for this study was to share experiences from an under-represented group and understand how they negotiate a changing social security system. I felt that it would be contradictory to argue that male IRB claimants had complex and vast experiences, but to then interview them using a set, constructed list of questions. A narrative method was selected as the most appropriate, in that it "captures the complexity, mess and contradiction that characterises the real world, yet allows us to make sense of patterns of meaning" (Braun

and Clarke, 2013, p.8; Squire, 2013). Taking this approach, the research seeks to address gaps in literature and emphasise the intricacies of the research topic (Patton, 2015). There are varying ways in which researchers choose to implement and adopt a narrative approach; a pertinent divergence within narrative research is over whether stories are symbolising internal individual states or external social circumstances (Andrews et al., 2013). For this study, I intended to draw together both sides of this dichotomy. Adopting a psychosocial narrative approach aligned with my research focus which was centred around the importance of preserving the participants' outer world alongside their personal narratives and experiences.

Psychosocial research is an emerging field of academic inquiry, with a strong link to fields of professional practice including social work (Clarke and Hoggett, 2009; Frost, 2019). As a qualified social worker, I felt naturally drawn to conducting research in this way as it produces evidence that is congruent within professional work; understanding that this is complex, multifaceted and holistic (Hollway, 2001, p.21). For example, there is a commitment to be a reflexive practitioner throughout the research project who critically reflects on their practice, choice of research question and how personal biographies relate to discourse (Peacock, 2013). Hence, the engagement in subjectivity and reflexivity is a source of intelligence benefiting the research, which mirrors values in professional practice.

Following the decision to adopt a psychosocial narrative method, I attended a professional course at the University of the West of England "Researching Beneath the Surface" where I was supported to explore innovative approaches to in-depth knowledge gathering and intervention. Subsequently I decided to utilise the Free Association Narrative Interviewing (FANI) method and the rest of this chapter will detail the theoretical implications of this method and how it shaped my research design.

4.2 Free Association Narrative Interviewing Method

The FANI method was developed by Wendy Hollway and Tony Jefferson (2000; 2013) in response to the perceived inadequacies of conventional qualitative interviews in their research around the fear of crime. Hollway and Jefferson clarify their usage of 'psychosocial' in terms of seeing people as "simultaneously, products of their own unique psychic worlds *and* a shared social world" (Gadd and Jefferson, 2007, p.4, cited in Hollway and Jefferson, 2013, p.13). The FANI method is influenced by a critical realist interpretation, a view which supports research to simultaneously appreciate human knowledge and acknowledge its provisional nature. Wright (2004), describing critical realism, explains that "a reality exists

outside of human perception" and that "our ability to comprehend that reality requires subjective understanding" (cited in Pease, 2010, p.104). The FANI method supports obtaining narratives whilst closely paying attention to what may be occurring beneath the surface and the holding together of the social and the inner world.

In developing this method Hollway and Jefferson (2013) outline the limitations caused by the basic assumptions of a 'shared meaning' in some social science research. Hence, their intention is for this approach to assist going beyond a set narrative and becoming concerned with contradictions, silences, hesitations, and emotionally marked aspects of the interview (Hollway and Jefferson, 2000). This style of research supports a unique understanding of experience, beyond statistics, political debate or public perception to capture the psychosocial aspects of welfare receipt.

The 'defended subject'

Within their theoretical model, Hollway and Jefferson posit that we are all 'defended subjects', whose "…conflict, suffering and threats to self, operate on the psyche in ways that affect people's positioning and investment in certain discourses" (Hollway and Jefferson, 2000, p.19). In developing this approach, Hollway and Jefferson (2013) draw on work by Melanie Klein (1988a; 1988b) concerning how the self is forged out of unconscious defences against anxiety, which in turn facilitate the ways we make sense of identity positions and investment in discourses. This is founded on psychanalytic thought: that perceived threats to the self, create anxiety which subsequently activate defences that operate at a predominantly unconscious level (Boydell, 2009).

The 'defended subject' concept requires acknowledgment that both the researcher and participant will safeguard themselves to protect against anxieties that may result from information given in a research context (Hollway and Jefferson, 2013). Anxiety within this context is "not understood as a purely psychological characteristic and is not reducible to the individual but is constituted in response to events and people both past and present…" (Peacock, 2013, p.106). The analytic method used in FANI is well suited for interviewees who are being asked to share details of their lives and behaviour that are vulnerable to social disapprobation (Garfield et al*.,* 2010). Considering an individual's personal defences against anxiety appeared to be acutely appropriate for interviewing participants for this study. Being in receipt of or 'dependent' on benefits and/or having a mental health problem are potentially stigmatising/shaming identity characteristics. As a way of managing these emotions, participants may use defensive techniques to protect themselves such as denial or

transference, e.g., ‘othering’ (see Chapter 3). This will be considered in further detail later in this chapter.

Preserving the Gestalt

Another key aspect of the FANI method is the idea that there is a Gestalt (a whole that is more than the sum of its parts) informing each person’s life (Hollway and Jefferson, 2013). Drawn from principles in biographical interpretative methods, it is the job of the researcher to elicit this ‘Gestalt’ intact (ibid). Through preservation of the Gestalt, the data collected will allow stories to be related to personal identities, unconscious meanings, social and cultural representations (Squire, 2013). This outlines the relevance and applicability of the method with the proposed participant group, as to uncover experiences of long-term benefit receipt for individuals who experience mental illness, it is crucial to recognise their lives as a whole including the past and present. Guidance to preserve the Gestalt through methodological structure is provided through Hollway and Jefferson (2013) and shapes the characteristics of using the method in practice, as is described in the following section.

4.3 Using FANI in practice

The FANI method adopts an innovative strategy to data collection as generating and analysing data are considered to be processes which overlap as both the researcher and participant are defended subjects (Hoggett et al., 2010; Garfield, 2010). The interview itself and the relationship between the interviewer and participant, co-create meaning. In developing their psychosocial method, Hollway and Jefferson (2013) identified four key characteristics which are: to use open-ended questions, elicit stories, avoid ‘why’ questions and follow up using respondents’ ordering and phrasing.

Open-ended questions

The purpose of asking open-ended questions is to facilitate the participant to determine the direction of the interview and the meaning of the question. This helps to uncover what a participant wants to say and supports the development of a thorough understanding of how participants account for their life experiences (Corbally and O’Neill, 2014). After asking an open-ended question, my role as the researcher was to actively listen and engage with non-verbal interchanges such as ‘mhm’ and ‘yeah’. Nonetheless, Hollway and Jefferson (2013)

acknowledge that despite efforts to make questions open and respond with fluent interchanges, 'no frame is neutral'. Therefore, the way questions are set, and asked, can frame the answers given (Hollway, 2001). As the researcher, I remained mindful of this and recognised the co-production of data being created with each participant within the FANI process.

Avoiding 'why?'

Hollway and Jefferson (2013) contend that using 'why?' questions may encourage the production of rationalised responses and prevent exploration for the participant. I found that open-ended questions which avoided a direct 'why?' approach allowed the interview to be more participant-centred. Participants, when asked questions avoiding a logic-prompting 'why?' were provided long pauses for thought and interpretation which could allow unconscious meanings to surface. Squire (2013) notes that the silences and awkwardness allowed in the FANI interview phase may be difficult in other research practices, this will be considered later in the chapter.

Elicit stories

Eliciting experiences is a key aspect of good qualitative research generally, whatever flavour it is. What I would argue distinguishes the FANI method is that the elicitation of stories is a key and emphasised value of the research which shapes much of the interview protocol. This value was drawn from limitations perceived in previous qualitative research by Hollway and Jefferson, as was previously described (s.4.2). In the original design of the FANI method, Hollway (2001, p.16) described that the "central principle is to elicit stories based on actual events in a person's life (rather than opinions, rationalisations and generalisations which are the usual stuff of interview based research". This upholds the perspective that stories can reveal much more than reports or responses; they illustrate events and locate individuals within their contexts.

Unlike biographical interviews, the FANI method does not attempt to elicit whole life stories. The stories elicited within the FANI method are those which more narrowly frame the research focus and questions, identifying a person's personal narrative as important in constructing and defining their identity (Hollway and Jefferson, 2013). Eliciting stories may also reveal more than the teller intends as a characteristic of free association, as borrowed from psychoanalysis, is that the association may be a surprise to the speaker and reflect an unconscious logic (Hollway, 2001).

Follow up using respondent's ordering and phrasing

Hollway and Jefferson (2013) encourage that follow-up questions should use the respondent's ordering and phrasing. This refers to both questions asked spontaneously during interview, as well as questions devised in the interim between the first and second interview. Doing so helps to retain the participant's own meaning-frame and avoid disrupting their unique Gestalt. Where an interviewer substitutes a participants' language for their own, they risk changing the meaning (Hollway and Jefferson, 2013). Applying this method, Mahoney (2015) described the conflict which arose in using language with participants which was racially charged. This was not something that emerged in my data collection. Further, having lived in Merseyside for six years at the time of interviewing the use of phrasing between myself and participants was often the same if not similar. For example, participants talked about 'tapping' to describe begging, 'grafting' to describe shoplifting which was familiar colloquial language.

4.3.1 The Participants

In qualitative research, the sample is not intended to directly represent or enable generalisability to "the wider universe" but is "designed to encapsulate a *relevant range*" of "experiences, characteristics, processes, interactions…cases or examples" (Mason, 2018, p.58, emphasis in original). For this study it was integral that participants were men with lived experience of mental illness and IRB receipt and the criteria for participation was structured accordingly.

As previously defined in the policy section, 'IRBs' is an umbrella term and participants were in receipt of different social security benefits including: Employment Support Allowance, Personal Independence Payments and Universal Credit (Limited Capability to Work). This research adheres to the definition of long-term IRB receipt as exceeding one year. There is no set period provided to define 'long-term' IRB receipt and it has been recognised contrastingly throughout a broad range of research. It is evident that the widening construction of IRBs as an economic and social problem often concentrates upon the longevity of claims which corresponds with the concept of 'welfare dependency' (see Chapter 2). The participants had a substantial range of experience with regards to IRB receipt, from one year to over 30 years, which has provided a wealth of rich data (see 'appendix 6' for participant table).

Participants were selected using a purposive sampling approach (Silverman, 2005) to gain in-depth narratives from a small population rather than a general representativeness of

participants drawn from a wider population (Mason, 2018). The participant group of men, in working-class communities, with diagnosed mental illness and long-term benefit claims are generally viewed as 'hard to reach' within research. Recruitment of participants was aided through professional contacts I garnered through prior employment and participants were recruited from four services within Merseyside: two community centres, a sports-based charity and supported accommodation. I found that despite being viewed as a 'hard to reach' group, once I had gained access to organisations that the men present were very keen to be involved and to share their stories, which highlighted their isolation. Further, through building rapport and experiencing the interview positively many of the men passed on my details to others. I would argue that many communities are not hard to reach, the problem lies in how they are approached and by whom. Such terminology as 'hard to reach' risks locating the problem with communities or groups rather than in the research institution or process.

Recruitment was not without issue, several services I initially approached did not respond due to lack of resources. I spent a long time in communication with one service at the beginning of recruitment which required that I complete NHS ethics, the length of this process prevented me from being able to work with such a group. Prior to data collection this project received full ethical approval from Edge Hill University: see 'appendix 2' for the ethical approval letter. As planned, recruitment followed a process whereby participants were approached by a gatekeeper at each service. If the participant was interested in engaging with the research, I received their information, before contacting them and arranging an initial meeting. The initial meeting was either at the service or in a local public setting such as at a coffee shop, depending on the participant's preference. During this initial meeting I explained the aims and objectives of the research project (emphasising the voluntary nature of involvement), explained the information booklet and answered any questions. Following this, I allowed participants a minimum of three days to consider involvement and then contacted them via telephone to ask if they would like to be involved in the research. Participants were given options of interview location: in a university setting, at the service from which they had been recruited, or in their home.

I believe that establishing this initial rapport with participants was important as many of the men are defined as 'vulnerable adults' with complex mental and physical health needs and becoming a familiar face before an interview can help to ease some anxieties. These encounters allowed me to begin to think reflexively and I detailed all interactions. This was important as through these initial interactions I had started to form a relationship with potential participants. Reflective of my personal values and professional experience, my ability to actively listen and demonstrate interest in participants' stories helped to develop a

warm rapport between us. The relationship dynamic between myself and each participant differed and the influence of this will be considered in further detail in s.4.3.3.

It was evident that the recruitment approach allowed participants some time to reflect on aspects of their experience that they would like to share, perhaps the familiarity encouraging them to reveal more personal information. For example, in the first interview after the initial meeting, four of the participants showed me pictures (on their mobile phones) they had prepared in advance. One showed me an image of his old home, another where he holidayed in Dublin, the third a picture of his friend's grandchild and the fourth his community football team. This indicates that the men had benefited from the opportunity to reflect on participating and that the interview process was something that they were looking forward to. I feel that this put me in a privileged position compared to some qualitative researchers who do not have the opportunity to build a relationship prior to interviewing participants.

4.3.2 Interviews and Topic Guide

The interview process involved two research interviews with each participant, the interviews were recorded with prior permission from the interviewee on both occasions. Although it was time consuming, this two-stage interview process is integral to the FANI method. It was crucial to capturing a participant's Gestalt and allowing participants to clarify points made previously. Interviews typically lasted between 45 minutes and 90 minutes. Both were intended to be conversational in style but were aided with a topic guide (see 'appendix 3'). The first interview began with the same question, 'Tell me about you - starting wherever you like: in the present, in childhood – just tell me about you…' This open-ended question facilitated the conversational style of the initial interview.

Excerpts from interviews highlighting range of responses from first open-ended question:

Uisce: *Tell me about you - starting wherever you like: in the present, in childhood – just tell me about you…*

George: *Start from the start then shouldn't I, yeah? So about twelve and half years ago I had a breakdown. Em, I had my own house, a three bedroomed house, at the time.* [continues]

Bob: *Em, well… I'm starting to come off the yo-yo of… as in depression and just living a nightmare. Never felt and thought this way before, don't know why these thoughts enter my brain but they have been.* [continues]

James: *Well, at first I was diagnosed when I was seventeen with schizophrenia, eh paranoid schizophrenia. And it's got a bad label, because of all the press. If you tell anyone you're a paranoid schizophrenic they think you're gonna kill them, yanno?* [continues]

Paul: *Childhood… I was born in Liverpool, moved out toward Stockport when I was six, then we moved back to Liverpool when I was about thirteen. Happy childhood-ish, as a young child.* [continues]

David: *Yeah, em, I'm fifty-two years old from Glasgow, em, I've lived in Liverpool for twenty-four years. I'm originally from Glasgow. I left school at sixteen, with a handful of GCSEs.* [continues]

As can be seen, this contrasts with the more traditional interview, where the researcher sets the agenda and, in principle, remains in control of what information is produced. This is highlighted above in the examples of how participants began in their reply to this question. This is shortened to provide the initial sentences to make a succinct point but often participants spoke at length, in great detail to this opening question.

After the first interview I listened at least once, but often several times, to the interview and transcribed it in full. The purpose of this was to establish what Hollway and Jefferson (2013, p.40) describe as a "preliminary symptomatic reading" to interrogate critically what was said and to pick up the contradictions, inconsistencies and change of emotional tone. During the

first interview, topics were covered on the participants' terms and when re-listening I would note down any topics which were on the topic guide but not covered within the initial interview. These would then be raised during the second interview to ensure everyone was afforded the same opportunity to explore the same areas and that this was done on their terms, at their time, within an order which was of their choosing.

Listening back to each interview provided useful insights into my interviewing practices. Initially I found that I was filling silences instead of allowing myself and the participant to sit comfortably in the silence and reflect. This was surprising as I am confident in my ability to create spaces for silence and reflection in professional practice, yet my own anxieties at switching from 'social worker' to 'researcher' had caused a shift in this. Once I recognised this, through listening back, I was able to address it early in the interviewing process. This supported the collection of rich data that emerged naturally from participants and not from the use of unwittingly closed questions to fill gaps.

The second interview is a tool with which the interviewer can "seek further evidence to test out emergent hunches and provisional hypotheses" (Hollway and Jefferson, 2013, p.40). In the stage between the second interview I met with Dr Marian Peacock (who then acted as a methodological advisor) to reflect on topics that I felt were valuable to the study and therefore worth exploring in a second interview. Dr Peacock facilitated further reflexivity within this process through encouraging me to question why I thought topics were worth exploring. Dr Peacock also provided practical advice, such as how these questions were best framed (following FANI characteristics) through her experience using the FANI method (see s.4.4 for further discussion on data analysis). During the second interview I asked participants to elaborate on or clarify aspects of their first account. A second interview can also be regarded as a way to give interviewees more power over the materials; to enable them to 'look back' (Squire, 2013). The short gap between interviews gave participants time to reflect on the first interview. Participants seemed to be more comfortable for the second interview, many told me that they had been looking forward to meeting again and discussed their reflections from the previous interview.

The relatively short time of one week between interviews also illustrated the complex nature of human lives, which this research endeavoured to capture, as many participants had experienced changes within their circumstances between interviews. For example, one participant started off the second interview explaining that he had been withdrawn in the previous interview as he had been waiting for medical results for suspected bowel cancer; he had understandably not wanted to share this with me previously. Another participant was diagnosed with type two diabetes between interviews, this news had left him feeling

distraught and he explained in the second interview the ways in which receiving this diagnosis had been extremely detrimental to his mental health.

Out of the 17 participants, I decided not to conduct a second interview with one participant, Louis. At our first meeting and after our interview, Louis used gendered, derogatory language towards me in the presence of his friends, which his support worker at the organisation we were at warned him against. On the agreed second interview date Louis, who was homeless, was informed that the flat he believed he would be moving into was no longer available. Upon my arrival at the organisation, Louis' behaviour was aggressive and sexualised towards me and I made the decision to not conduct a second interview with Louis. It was determined that as he had not voluntarily withdrawn from the study, and I had made the decision to not pursue engaging with him further, that he should be kept as a participant but using only the data from the single interview. I recognise that Louis' behaviour did not occur in a vacuum, and that there are multiple complexities in this scenario. Louis' circumstances will be discussed further in the following chapter.

For one participant, Miguel, there was a larger gap than two weeks between interviews. Miguel has a diagnosis of bipolar disorder and contacted me after his first interview to explain that he was experiencing symptoms that often lead up to an episode of mania. I explained to Miguel that he could withdraw his previous interview if he wished and that there was no pressure for him to engage in a second interview, however, as he was still enthusiastic to engage in the research we waited for him to feel more stable and rearranged when it was appropriate to do so. This was something that Miguel was keen to have included within the research as it is a representation of his lived experience, reflecting how the episodic nature of his mental illness can cause disruption to his life. As an extra precaution, I also emailed Miguel a copy of both of his interview transcripts, to allow him to read over and ensure he was comfortable with what he had disclosed.

4.3.3 Defended Interview Subjects

The idea of the 'defended subject' within an interview setting was one that I felt was especially appropriate in using FANI with this participant group. Ultimately acknowledging the 'defended subject' requires an understanding that asking men about their status as long-term benefit claimants or their health status directly could evoke defences or anxiety. It is important to consider the presence of the defended subject and how this influenced how I reflected on this in data that was collected before moving onto data analysis. I will briefly explore the

'performativity' of an interview situation, which can occur intentionally and unintentionally through my initial interview with Kenny (pseudonym).

Excerpt from interview one, first question with Kenny:

Uisce: If we could start off, if you could just tell me a bit about you, starting wherever you like…

Kenny: *OK, so, I am a recovering alcoholic, I'm forty-nine years of age. Recently divorced. I've three little children, aged fifteen, thirteen and nine, who I have a wonderful relationship with. I've recently come out of teaching meself, due to… alcoholism treatment. So, I wanted to have some proper time to get away from teaching, the stress and strain of that plus the divorce led me to drink, some eight and a half months ago and I've been sober since then. Along that journey of the past five years or so, I've experienced some depression, anxiety, still a little bit of anxiety now at times but nowhere near the anxiety that I had. Em, some depression, which hasn't been for a while which is good, and that's where I'm up to. I'm living in a residential rehab clinic in Liverpool and getting better and getting on with my life.*

As noted previously, the topics which I am seeking to address are ones which can understandably evoke shame and discomfort for people. To avoid this, there is often a set narrative that people follow, with regards to research with benefit claimants this is often the 'good welfare claimant' (Chapter 3). On first reading, Kenny's excerpt above is a positive account of someone who is '*getting better and getting on with* [his] *life'*. However, Kenny has, due to complex reasons including depression and alcoholism, found himself losing his home, marriage and job as a senior teacher. Kenny is now in receipt of IRBs for depression and living in a rehabilitation unit. Therefore, some of the narrative could disputably be Kenny presenting himself in a way that is compliant to expectation. Perhaps this is a version of himself he is choosing to present. For example, as can be seen from the clipped language Kenny uses, he replies with very straight to the point answers, which I noted in my reflexive log at the time made it feel as though it was a job interview. This led to a sense of composure and control within Kenny's narrative.

Furthermore, there is a discrepancy in the timeline he provides, quickly shifting from 'eight and half months ago' to 'five years or so'. This discrepancy continued further through the

interview and made it difficult at times to have a clear understanding of his narrative. I am not trying to suggest that Kenny was untruthful or intentionally trying to confuse me, the purpose of this simply to outline where researching beneath the surface can provide a deeper level of understanding of unconscious dynamics which are taking place. Throughout the interview, Kenny would often repeat and refer to the question I had asked and as the interview developed, he apologised where he had begun to free associate or go 'off script'.

Adopting the FANI narrative style supported uncovering 'unconscious dynamics' (Clarke and Hoggett, 2009). For example, the relationship between Kenny and myself has a part to play in the 'meaning-making'. In the above example Kenny explains, '*I've recently come out of teaching meself*'. This reflects that Kenny is aware of my teaching role within the University (this is something which he asked about in our initial meeting) and through drawing on this he could perhaps be seeking to bond with me through our mutual experiences or seeking my understanding to his circumstances. Alternatively, Kenny could be positioning himself here as a fellow professional.

Qualitative research provides an interpretive analysis of participant's subjective perspectives, as captured in the interview or focus group data, however, a psychosocial intention is not built into it. Thus, the purpose of the example of Kenny above is to illustrate how FANI methodologically differentiates the research from some versions of qualitative interviewing where views of the research participants may be unquestioned (although a lot of qualitative research also explore narratives in great depth). Peacock (2013, p.107) aptly describes this dynamic missing from some qualitative research, which is addressed through applying the FANI method, "We do not simply use the words that we hear to make sense of a conversation, we also draw on contextual information and where it is available, historical or biographical material- this is part of endeavouring to understand…" Hence, doing so encourages us to recognise how individual levels of understanding are shaped, beyond social positions.

One thing that I struggled with at the beginning stages of the interview process was the transition in my role from being a social worker to a novice researcher. I felt a sense of guilt in that my encounters with participants would be solely for my research and thus may not have direct beneficial consequences for them. Working in what felt to be a one-sided way contrasted with my professional value base and the strengths-based approach I endeavoured to employ in practice. I believe utilising the FANI method helped me to overcome this concern regarding the duty of care to participants. To a certain extent, the free-flowing interviewing style did introduce a brief therapeutic style encounter, participants had the opportunity to open up about things that they were processing. I was, however, able

to stress the importance of context and our relationship in setting boundaries. There is a risk in conducting interviews, particularly psychosocial, that although all participants gave informed consent to the interview process, whether this can be 'full' consent as the findings and analysis which emerge are out of the interviewees control after the interview process. The use of group data analysis (s.4.4) made me accountable in explaining the conclusions that I drew and helped me to avoid having an omniscient position over the data I collected.

Many of the participants expressed that they had enjoyed the interview process. I believe this is in part due to the invitation to talk freely about the topics they wanted as part of the FANI method, in contrast to a question-and-answer format. Another thing to note has been the distinction between my duty of care and acknowledging that distress is not the same as harm. For example, an interviewee 'Chris' presented as anxious and emotional during the first interview. Through listening back to the interview and discussing with my supervisor, Marian Peacock, I was able to recognise that I did not leave pauses for Chris and instead changed topic when I sensed discomfort. At the time I justified this to myself as protecting him, yet when I reflected I recognised I was the defended subject in this instance, my anxiety being that I would create an uncomfortable situation. Through reflection and discussion, I was able to note that Chris invited these feelings as something which he wanted to express. Therefore, in the second interview I facilitated a space within which Chris could share his emotion, which he expressed immense gratitude for. This serves to further illustrate that anxiety and defences are not exclusive to the interviewee. Hollway and Jefferson advocate that the researcher should not have a "special objective status" (2000, p.3). I was cautious to promote reflection upon myself as a defended subject throughout the research and was supported in this by my supervisory team in several ways, such as through reflexive logs and using a data analysis group, as will be discussed in the subsequent section.

The use of open-ended questions and story elicitation marked by the psychosocial FANI method distinguishes it from some other qualitative research, as drifting onto different topics led by interview participants is part of the process. On meeting some participants for the second time it was clear they had been able to use the interview process to reflect on certain topics, tap into their emotions and use it for their own purposes. Additionally, as was stated previously, although there had been concerns regarding accessing this group it was continuously evident that participants valued the opportunity. This is exemplified below in an extract from my second interview with Paul. Every participant was asked this question to begin the second interview (see 'appendix 3': topic guide).

Excerpt from Second Interview with participant 'Paul' first question:

Uisce: Em, so firstly I was just wondering, from last time we spoke, if there was anything that you'd like to talk about or that you've reflected on or anything like that?

Paul: *Em, as I said the other day, it just sort of brought up – saying it all in one chunk rather than running around in my head a million miles an hour - getting it all out, I sort of thought, it has been a struggle, it has been. But people are… they don't care, do you know what I mean?* [Laughs]. *They're just getting on… it's just our lives, isn't it? They might sympathise or whatever, but I'm not after that, you know?*

… You know, I'm getting all frustrated and angry over it and you know, it's gone, do you know what I mean? So, I either get my revenge, or I just leave it, and put it down to experience. So, telling you all that, it was a reflective moment but also, you know, I've drawn a bit of a line, you know? And sort of tried to look forward, because it's not healthy to be reliving it all the time and what have you. It's detrimental if anything, especially with mental health.

Psychosocial methods share a commitment to an epistemology which appreciates the intersubjectivity of the research process. Therefore, this allows a recognition of a third space between the researcher and the researched and the dynamics which exist between us (Benjamin, 2004). Power dynamics are something which I paid close attention to throughout the interview process, noting they were subject to changes through different stages of the interview. Ignoring this would impede my understandings of the research. I held power as a researcher and through my professional qualification, this was initially clear through my introduction to participants through the research terrain. Interviewees also negotiated power within our relationship dynamic, as men who were often significantly older than me. Furthermore, participants were naturally able to select the information which they wanted to share with me, and I conducted interviews in such a way that participants determined the place and time of interviews.

4.4 Data Analysis

The FANI method emphasises the benefits of taking each participant's account and circumstances as a holistic picture. Accordingly, software such as NVivo, which breaks up and codes language into themes, can be unhelpful as the use of coding software could fragment the individual's unique Gestalt or meaning-frame (Hollway and Jefferson, 2013). The initial stage of data analysis involves listening to and transcribing each audio tape in full (Hollway and Jefferson, 2000). Doing so requires listening multiple times to the audio to ensure accuracy. Transcribing the interviews is defended by Wengraf (2001, p.209) who describes it as a tool to "… force the delivery to your conscious mind of as many thoughts and memories as you can, forced as you are to work slowly through a technical task… while your mind has time to think fast and widely about the material and the event in which the material was gathered."

Two structured methods for summarising the material obtained from each of the participants are the completion of a two-page 'pro-forma' and writing a 'pen portrait' (Hollway and Jefferson, 2013, p.65). I was also advised by my supervisory team to keep a reflexive log. These then supported my formulation of themes of data discussed in the data analysis group.

Pro Forma

During the interview process I completed a pro forma of demographics which helped to support the case analysis of each participant (see 'appendix 4'). The pro forma structure is provided by Hollway and Jefferson (2013, p.167) and is a tool for collecting biographical data which is used to begin to convey the narrative as a whole. I adapted the pro forma provided, removing questions which were focused on the fear of crime and replacing these with questions which were relevant to the study. This included: mental health issues, reason for claim, length of claim/ benefit and work/ educational history. The basic demographics provided through the pro forma support the development of the pen portrait, described next, and preserving the Gestalt of the participant. Questions within the pro forma were relatively generic and I was often able to complete these without asking the participant. For example, as I became familiar with participants I tended to know their marital status, who they lived with (if anybody) and their health needs. On other occasions, however, this was a beneficial way of obtaining a clearer understanding of the participant.

For example, one of the men interviewed, James spoke a lot around the theme of children during interviews sometimes explicitly i.e., he enjoyed watching them on television (his

favourite show was The Secret Life of 4- and 5-Year-Olds), he was fearful of his friends grandchildren being harmed, etc. Or else implicitly; his hero was Oscar Schindler, for saving children; he referred to James Bulger when discussing violence. This was something that I had noticed and written about in my reflexive log. I began to consider that perhaps this was linked to his difficult childhood (he had been adopted and his parents experienced physical and mental illness). When asking him for the purposes of the pro forma whether he had children, he explained that it was his 'biggest regret' that he had been unable to have children. The collection of biographical information in this instance provided a different angle which we explored together, as opposed to myself as the researcher making grand hypotheses.

Pen Portrait

The pen portrait is a data analysis tool which enhances the brief description of the participant (a case summary) to amass descriptive detail (Hollway and Jefferson, 2013, p.65). It is written to capture a detailed subjective summary of the participant. Hollway and Jefferson (2013) explain that such information is essential if a reader is to gain an understanding of the individual who is depicted in a case study, especially if personal analysis is going to have value or significance (Hollway and Jefferson, 2013). This connects to the belief that a full meaning of a participant's experience of a certain situation, in this case IRB receipt, cannot be understood if it is not situated in a more rounded consideration of their life. A pen portrait exemplar is provided in 'appendix 5'.

Reflexive Log

Ongoing reflexive logs are an additional tool to facilitate analysis of interaction between the researcher and participants. I executed this through writing reflections as soon as possible, after each interaction with participants, including face-to-face and telephone conversations. Doing so, I noted my subjective sense of the process through details such as thoughts, feelings and descriptive details i.e., non-verbal cues, gestures, clothing. I endeavoured to be 'free associative' (Roseneil, 2018); this required noting, in the order of things which came to my mind, my reactions to the interview encounter and the interviewee.

The reflexive log was a stream of consciousness without any internal censorship. I attended to writing it in a contemporaneous manner as "producing a record of these activities as close to their occurrence as possible preserves their idiosyncratic, contingent character in the face of the homogenizing tendencies of retrospective recall" (Emerson et al., 1995, p.14: cited in

Roseneil, 2018). I would note where I felt uncomfortable and then reflect on why this was, discussing it with my supervisor Marian, from the perspective of the defended subject. Initially, this process was uncomfortable as I was required to be very open and honest about my personal experiences and views and how they shaped my reactions. For example, three of the participants asked if I was in relationship. This made me feel defensive and uncomfortable and I reflected on my role as it might be perceived by them: a young woman who was expressing interest in the men's lives. Overall, it enabled me to focus on the mutual construction of the research data, and to identify unconscious mechanisms that may be at work in different patterns of response within the research setting (Clarke, 2002; Hollway and Jefferson, 2013).

4.4.1 Dubrovnik Method

After I completed the documents described thus far, I engaged in group analysis with two members of my supervisory team, Dr Marian Peacock and Dr Stephen Clayton. Both of whom I had developed good rapport with. As a group we differ in terms of experience and background. Engaging in group data analysis is highly recommended within psychosocial research and aided me to avoid making powerful, unsubstantiated claims (Wengraf, 2004; Hollway and Jefferson, 2005; 2013). Discussing data in this way "embraces the psychoanalytic principle of unconscious intersubjectivity to theorize the effect of research relationship(s) on the production and analysis of data" (Hollway and Jefferson, 2005, p.151).

Group analysis followed the Dubrovnik Method (Hollway and Volmerg, 2010); a simple five-step generic method for analysing textual data that I was able to practise during my attendance at 'Researching Beneath the Surface' training. The stages are set out as follows:

1. Researcher selects a small data extract (1 page ideally)
2. Extract played aloud to group
3. Each group member takes a turn to offer an immediate response
4. Line by line, phrase by phrase, detailed analysis
5. An attempt to draw things together

One adjustment I have made is to the second stage, 'extract played aloud to group'. Within the standard Dubrovnik Method this would usually be 'extract read aloud by whole group'. This has been amended as I believe hearing the words from the participant supports a deeper understanding of the story, enabling members of the panel to hear the delivery of the extract by the participant. This was supplemented with a physical copy of the section of the transcript we were listening to.

The final stage, 'attempt to draw things together' is supported by the audit trail that I have developed. This refers to all data collected (and described previously) including my reflexive logs, interview transcripts, informal meeting notes, pro formas and pen portraits. Maintaining a clear audit trail of how I reached an understanding from the raw material supports transparency within the analysis process. This reflects a clear link between professional practice and research, where we should not seek to rush into an interpretation but instead to enquire.

The benefits of a data collection group in developing interpretations and reducing researcher bias has been identified by others (Jones, 2003; Corbally and O'Neill, 2014). Squire (2013) notes that researchers cannot be fully reflexive as material lies beyond the realm of our interpretations. It is with this in mind that methods of reflexivity and triangulation of group data analysis have been pursued throughout the study. During the data analysis groups, I was in the position of 'defended research subject' as I presented the account along with my emotional responses and reactions. Implementing this 'thirdness' (Benjamin, 2004) into psychosocial research encourages rigorous scrutiny of our own subjectivity and prevents developing 'unconscious blind spots' within the research (Lucey et al., 2003). Consideration was paid to the unsaid, the interview process as well as the spoken words of participants. The data analysis group provided a space for thinking, to test out hypotheses and connect a range of ideas which led to three findings chapters in this thesis.

4.5 Reflections

A pertinent reminder of the importance of reflexivity is provided by Walkerdine, who states: "… as a researcher, I am no more, no different from the subjects of my research" (1997, p.93, cited in Hollway and Jefferson, 2013, p.42). In keeping with this, the FANI method encourages researchers to reflect upon the implications of their social position, their motives for undertaking the research and the consequences of conducting the research (Pease, 2010; Garfield et al., 2010). Recognising myself also as a 'defended subject' within the

research setting has been a relatively natural process due to my social work training. Trevithick and Wengraf (2011, p.383) note that this connects to our "capacity to recognise, think about and handle defences and defensiveness as we come across them in our work with clients, in ourselves (often at the same time), and in our work within our professional and inter-professional work contexts and welfare regimes". Undoubtedly, throughout the design of this study, including the selection of a data collection and analysis methodology, my position as someone who has professional and personal experience of the benefits system has remained at the forefront of my mind.

I have never been in receipt of benefits, I am a woman, and I do not have a diagnosed long-term mental health problem and so do not have the personal experiences the participants are sharing with me. However, I feel that I do have some level of personal and professional experiences which allow me to empathise with the narratives participants have shared. As a qualified social worker, I have worked with people who had been, and were being, directly impacted by changes to the welfare system. This role often required trying to advocate for and support individuals to navigate through this. This involved working with marginalised individuals and watching first-hand how systems which often felt oppressive, continually and unavoidably impinged on their mental well-being.

On a different level, I am also from a working-class community in Belfast and was raised by a parent who was, and still is, in long-term receipt of IRBs due to mental and physical health needs. I continue to watch my parent be manoeuvred through the welfare system and I can observe how not necessarily the changes themselves but the constant fear of changes which threaten their health. I have no doubt that assessments, re-assessments and the fear of cuts continue to impact on my parent's health and ability to fully enjoy life. Thus, extensive reading for my literature review at times has provided me with tools to explain phenomena in the benefit system which I on one level knew but did not have the language for, and my intention has been to use FANI method as a tool to consistently recognise my own experiences and feelings so that they do not influence or taint the narratives that people have chosen to share with me.

I did not disclose personal information with participants; however, it is important to consider how obvious aspects of my identity are viewed by the participant group and how these, often unconscious, dynamics between us could influence the data. The obvious identifying characteristics I hold of being an Irish woman were not shared by the men. Yet there was an assumed connection evident within interviews of how participants talked about their own experiences of the world and their assumed understanding of myself and my experiences. Participants had little knowledge about my position as a postgraduate student and it was viewed as insignificant or pitied in the sense that they assumed, and expressed concerns, that

I was struggling financially. Haddow (2021) similarly found this in her ethnographic reflections from research with men who use foodbanks. She argues that being working-class helped build a rapport with participants beyond intersecting features like age and gender (ibid.). An example is provided below with an extract from Pablo who, after talking about his fear of homelessness if his IRBs are withdrawn, connected our situations.

> *It's fucking really scary* [the medical assessment]*. And I know you're doing your degree and whatever, when you end up finishing your course you'll probably end up working in a restaurant as a kitchen waitress. I'm sorry to say it… You've just gone through six or seven years of hard education … and you know once you start earning that - so much you – you end up with a letter saying you've got to pay so much back, education, you know it should be free. That should be there to help you along with the rest of your life, know what I mean, should be free, you know grants and stuff to help you with your rent.* (Pablo, 52)

Arguably, during interviews with participants I was playing a 'passive female' role in encouraging the men to speak at me at length whilst I listened, showing interest and encouraging them to continue. For some men, they adopted a paternal role, checking I could get home safe, whereas others sexualised me and suggested that I 'owed them a date' after the interview process. Gender dynamics were interesting as many of the participants talked about how they had difficulties having vulnerable conversations with other men about some topics we discussed, for example, trying to find a partner when you are stigmatised for a mental health condition.

Furthermore, 15 of the participants came from Merseyside, where there is an established positive relationship with the Irish community (two were from Glasgow - a city with a similar connection). Being Irish provided a simple ice breaker before interviews where people told me, unprompted, about their links to Ireland through visiting, Irish people they know, or their own lineage. Therefore, on a preliminary analysis level, ethnic and cultural transferences occurred between me and the participants. It was often present in thoughtful gestures; one participant brought Tayto crisps from an Irish section of a supermarket for us to eat during the interview. With one participant, I recognised that after the interview I felt a sense of discomfort and avoided transcribing the second interview. When eventually transcribing the interview, I noticed that he was mocking my accent, making jokes which made me uncomfortable and made underhand comments about '*the Irish'* and women. These comments on my gender and nationality are surface level examples of the ways in which I, as the researcher, can consciously and unconsciously shape narratives with my presence.

4.6 Conclusion

Adopting a psychosocial narrative approach facilitated a deeper consideration of the men's lives alongside the perils of an unstable welfare regime and the associated issues of shame and stigma. Throughout this chapter, I have outlined the reasoning behind the choice of methods and how I believe it has benefitted the study through allowing the participants' voices to direct the project whilst, at the same time, understanding that contradictions in narratives can arise. I have sought to highlight the different ways in which everyone understands the world and to take a critical stance towards my own positionality and how this affects data collection, analysis and interpretation. In line with this, the following chapter begins to consider how the complexity of the narratives gathered are symptomatic of context and personal experiences. To do so it will provide background to each participant and assist in understanding how the wider themes discussed in finding chapters 6, 7 and 8 have been reached.

CHAPTER 5
INTRODUCTION TO PARTICIPANTS

So far, this thesis has argued that there are deep inconsistencies between popular discourses and the lived experiences of welfare receipt. Successive governments have repeatedly characterised out-of-work benefit claimants as a homogeneous group of passive and inactive individuals trapped in a "cycle of dependency" (Cameron, 2014, unpaginated) where they can be found "languishing on welfare" (Duncan Smith, 2014a, unpaginated) (see Chapter 2). Challenging this stereotype, the purpose of this chapter is to introduce the participants and allow the reader to gain some understanding of the complexities and uniqueness of each person beyond their status as a benefit claimant or their mental health diagnosis. Each participant description draws upon data collected through the FANI method; this encompasses their interview transcripts, pro forma (see 'appendix 4'), pen portrait (see 'appendix 5') and reflexive log as detailed in the previous chapter. The uniqueness of each of the men should be apparent, alongside the similarities of experiences shared between participants. It is through the analysis of these shared lived experiences that I have drawn links between personal circumstances that led to the findings chapters (6, 7 and 8) which follow this chapter.

Participants were invited to select their own personal pseudonym which they are referred to as throughout the research to protect their anonymity. Participants exhibited genuine surprise that they were being asked to choose their own pseudonym. The reaction arguably illustrates the lack of autonomy many benefit claimants experience; or perhaps reflects the position people naturally feel they are placed in by being a participant within research. A common response was, 'Really, I get to choose?' On meeting for the second interview, 'Gerard' asked excitedly, 'Do I still get to be Gerard?' Others found this a very amusing activity; to be able to guard their identity under a guise which they had selected. Some chose their name for personal reasons, 'Miguel' an English native had fond memories of living abroad before mental illness led to him having to return to the UK. Others had more humorous intent behind their selection. For example, 'James' is shortened within the research from 'James Bond' as he, when experiencing manic episodes of his paranoid-schizophrenia, believes that he is an undercover agent, whereas 'Pablo' (Escobar) ironically chose a name to reflect his past which involved drug use and distribution.

As described previously, this research was conducted within Merseyside, a county of England famously connected to football, be it Everton or Liverpool. This acted as a consistent ice breaker with the men commonly inquiring, 'are you a blue or a red?' The selection of

pseudonym of many participants similarly reflects the link between location and sport. ‘Kenny Dalglish’ (shortened to Kenny) smiled as he gave me his Anfield mug to drink tea from during our first meeting; other aliases include ‘Bob’ (Paisley), ‘Trent’ (Alexander), (Steven) ‘Gerard’ and ‘Louis’ (Suarez), all of whom are connected with Liverpool Football Club. This consideration of pseudonym choice, in a simplistic way, begins to reflect the ways these men, who do not know each other, share experiences beyond ill health and social security receipt. It highlights that recognising the social, political and economic background of an individual’s experience is crucial when exploring their narrative.

Alongside the uniqueness of each participant’s personal experience, the common threads shown throughout the narratives evidence the ways that experiences produce similarities among people, particularly those who share a class or group habitus (Bourdieu, 1990). Whilst it is not possible to go into extensive detail about the life history and current circumstances of each participant, this chapter serves to illustrate some of the key facts about them as revealed through their narratives. Ultimately, I hope that this chapter being directed by the men’s narratives provides some justice to the stories they have shared.

Gerard

Gerard (52) has been in receipt of ESA (formerly IB) for 20 years. Gerard is unable to work due to his mental health; he experiences anxiety and depression, and his physical health; deep vein thrombosis (DVTs) in both legs and chronic obstructive pulmonary disease (COPD). Gerard has received support from third sector organisations over the last 20 years as he experienced mental health problems, heroin addiction and homelessness. Gerard’s formal employment was working as an insulation fitter. He has completed various training courses voluntarily and is proud of his CV which includes certificates in health and social welfare, and peer mentoring. Gerard expressed frustration at the limited opportunities available through the Jobcentre.

Now at a steady place in his recovery, advocacy is very important to Gerard, he volunteers for two charities: both of which support people with multiple complex needs. In a sense, Gerard’s ‘lived experience’ provides purpose as he can engage in voluntary work and empathise with others, he explained:

> *“That’s why I enjoy volunteering… Because we’re not workforce and we’ve sort of been where they have, so we can get different answers from what they’re telling the key workers to what they’re telling us. So, we get a broader idea of what actually the truth is, which is again, good.*

... we have meetings regularly, so that fills up two or three days of my time. The rest of the time, I'm either visiting my family or I'm in the house... basically filling up the week, yeah."

Gerard believes very passionately that services should be led by those with personal experience at different stages of recovery. The two voluntary organisations Gerard dedicates his time to have not supported him to access a paid role. Perhaps, this is illustrative of cuts to funding leading to voluntary services being over reliant on volunteers for free labour. There are parallels to John's situation described next (also detailed in Chapter 7).

John

John (41) has been receiving Universal Credit (Limited Capability to Work (LCW)) for six months due to depression and alcoholism. John previously claimed IRBs fraudulently as well as worked illegally. He was "grassed up" by his neighbours for doing so and fined four times. After his benefits were stopped, John struggled financially and due to the pressure, his drinking, which was already problematic, increased. John's relationship with his partner ended. John became homeless, involved in criminal activity, and slept rough for one year.

Eventually, John accessed rehab. After being sober for five months at the time of interview, John was living in supported accommodation and becoming involved in voluntary work. John explained:

"… *It's a bit of a pain in the arse but I love doing it so I don't really say no. And then I just get back, go to the shop, sleep, do whatever, tele. What we do normally.... So basically, keeping yourself occupied, isn't it? Planning on what to do next..."*

For John, and others with a background in addiction, the importance of remaining busy was a form of distraction, with volunteering occupying time. John is also under pressure to do voluntary work because it gives him five pounds via expenses *"… as much as I love doing the outreach, it's an extra fiver – you do five shifts it's twenty-five quid."*

John's day-to-day is based around working (through an alternative route) to make ends meet. Although technically in receipt of IRB to support recovery, John is required to pay service charges, hostel fees and previous debts; often this leaves him unable to afford food. Consequently, he frequently relies on other residents to share their food and stressed the embarrassment this caused him. His daily life illustrates the nature of pressure on people who are not 'economically active' to work on a voluntary basis to receive money by a legal means.

David

David (52) was diagnosed with bipolar disorder ten years ago and has been in receipt of Personal Independence Payments (PIP) for two years. David does not claim any other benefits as he is adamant that he is not entitled to '*Employment*' Support Allowance because he does not want to 'work'. Instead, he engages in voluntary work for four different organisations. David worked from the age of 16 to 26 at a factory, progressing from a Youth Training Programme into a management position. He was made redundant from this role in the 1980s. He has had multiple jobs since, mainly in sales, but has struggled to keep them for an extended period.

The voluntary organisations that David volunteers for are based around football. David explained how important football is to him, when experiencing a breakdown, he found that,

> *"…my love of football is something that kept me going, kept me positive, my marriage didn't keep me going, the birth of my children didn't keep me going... It was love of football that sort of, always spurred me on."*

Here it appears that major life events are secondary to sport; it is interesting to question whether sport provides him with an appropriate place to express emotion. David is unable to play the sport due to various physical injuries and instead supports in a mentor role. The episodic nature of David's condition means that it is extremely hard to predict, and he has no known triggers, hence, although his day-to-day constitutes that of full-time employment, (as was emphasised by both John and Gerard previously) it is the voluntary nature which is key. Talking about working, David explained:

> *"Yesterday, it was a struggle to get out of the house. It really was a struggle, I had to push myself... but I, I'm lucky that I don't have to do that because if I had a job where I was on some sort of zero-hour contract, minimum wage... I'd have no motivation to get up and go, I just wouldn't. I'd probably lie in bed thinking, 'just sack me, sack me, please get this pressure off me now'."*

Barry

Barry (34) has a diagnosis of bipolar disorder and has been in receipt of PIP (formerly DLA) for five years. Barry is the only participant that is in paid employment and working full-time. He described his day-to-day life as dominated by his condition. Barry began working in social care in his late teens and qualified as a social worker when he was 25.

Like the others described so far, Barry describes a set routine, without which life is "*a nightmare, dead chaotic*". Like David above, Barry's illness is episodic. Barry has not disclosed his diagnosis to his employer due to the stigma he believes he would face. Barry has an acute

awareness of his condition, and when he recognises the early signs of a manic or depressive episode, he tactically conceals absence periods:

> *"So, I've had to say, 'can I have some annual leave, I've got this coming up it's urgent?' Know what I mean? 'Cause, I can feel it when it's coming, when something's happening, em... yeah, I'll sort of just have sick leave on top of my annual leave, to extend it. You're underpaid in here* [Laughs] *so that's a bit harder."*

Barry articulated that PIP is fundamental to support himself and subsidise his loss of earnings. These payments greatly improve his life, and he was constantly worried that it would be removed if he presented himself as 'well' to the DWP. Accordingly, he is very prescriptive about managing the money appropriately to justify benefits which he is legally entitled to.

Kenny

Kenny (47) has been in receipt of ESA for one year due to alcoholism and depression. Prior to IRB receipt, Kenny was a teacher for 26 years. Kenny had a passion for supporting the children he taught. The stresses of the job led to his use of binge-drinking as a coping mechanism. This escalated and Kenny experienced organ failure before entering a detox programme. Now nine months sober, in his spare time, Kenny is a mentor within a rehab, he explained:

> *"Day-to-day just taking a day at a time obviously recovering from my addiction. Setting small steps, so each month I try to get to the next step - so it will be nine months sober, then ten months sober, etcetera."*

Kenny is divorced and a father to three young children. Throughout interviews Kenny hinted at difficulties with his own upbringing although this was not something he wanted to discuss. Kenny became emotional and tearful during both interviews about his children being his priority, this was reflected in his day-to-day life:

> *"Obviously, my life changed because I used to be up early doing the school run with the children, and things like that, that doesn't happen anymore. So, I tend to see the children later on in the day, after school, night-time and things, which is great… The weekend is a little bit different, I've a lot more family time with the children. Children come first, and then I sort of juggle my life around that really, which is what I'm happy doing."*

Kenny's lived experience was now centred around the financial constraints attached to benefit claiming. Previously receiving a moderately high income, he has experienced a dramatic shift

in resources, which has entailed losing his car and home. Kenny explained that now, paying for relatively modest experiences, such as bringing his children to the cinema would leave him without money to buy food for the week.

Tony

Tony (30) has been in receipt of ESA for one year due to depression and alcoholism. A survivor of prolonged domestic violence, Tony was made to testify against his ex-partner in court after he attempted to murder Tony. Finding this highly distressing, Tony tried to end his life and was detained in a mental health unit. When he was discharged, Tony became homeless and began rough sleeping and street drinking. After a year of homelessness, Tony had a severe seizure due to alcohol withdrawal, he was hospitalised and supported into a rehab. At the time of interview, Tony had been sober for six months and was living in supported accommodation. Similarly, to John, a major part of Tony's day to-day-life is engaging in outreach work for the rehab that supported him when he was unwell.

> *"It keeps me busy; do you know what I mean? Keeps me off the fucking streets.* [Laughs]*… I enjoy it, I enjoy it because it's like a reality check to me."*

During his period of homelessness Tony relied on food provisions from charities and supported his drug and alcohol use through begging and shoplifting for which he was prosecuted on several occasions. His reasoning for this being that he never felt it was possible to rely on benefits. Tony is a qualified hairdresser and he still does mobile hairdressing with his established clients. Although this is not prohibited, Tony feels it is necessary because IRBs do not meet his basic living needs. Tony lives in constant fear that the pressure of formal employment would lead him to drink again and that he is in constant risk of becoming homeless again.

Like many of the narratives shared thus far, Tony does not yet feel able to commit to formal employment. Being able to do mobile hairdressing allows Tony to have a deeper sense of stability and prevents him from having to access foodbanks when his IRBs do not stretch throughout the month.

Trent

Trent (63) has been in receipt of Universal Credit (LCW) for three years. Prior to this Trent worked for 48 years, predominantly for a manufacturing company. Trent drank heavily throughout his working life, however, roughly 11 years ago he became alcohol dependent. Trent resigned from his job due to depression and found he could no longer afford to pay rent and was subsequently evicted. He moved in with his elderly mother who also needed support.

Helping her with a range of personal care needs upon moving in Trent applied for Carer's Allowance but this was rejected.

Initially the Jobcentre put Trent on ESA but Trent felt shame around this and asked to be put onto JSA as he wanted to 'prove' to his family that he was not a 'waster'. Trent was supported to attend IT courses and began a part-time job as a cleaner. Trent explained that the stress of employment alongside receiving a source of income led to him drinking again and Trent had a breakdown and was put into a treatment centre. Trent began to claim IRBs after being discharged.

Now in a positive place of his recovery, Trent receives support from his job coach who he explained is understanding, making allowances for him when he is unable to attend appointments due to caring responsibilities. Through the Jobcentre, Trent has completed a range of qualifications. Like many of the narratives shared so far in this chapter, Trent's day-to-day life is now focused around engaging in voluntary work. He volunteers for two different charities, both of which supported him during crisis. He explains:

> *"I've been through treatment, had years of suffering, made a good recovery, I'm able to contribute to things, and the things I contribute to is because I want to* [sic]*, not because I have to…"*

Trent echoes similar sentiments expressed by participants about seeking meaningful engagement with others through voluntary means whilst emphasising the importance of personal autonomy and space to recover alongside this. This begins to highlight the enforced aspects of conditionality discussed later in Chapter 7 and the creation of a community discussed in next chapter (Chapter 6).

Bob

Bob (58) has been in receipt of ESA for two years due to alcoholism and depression and was nine months sober at interview. His alcoholism had led to him losing his manual labour job of 26 years, but he retained pride in having worked since the age of 15 and repeatedly asserted that he never 'wanted off anyone.' Bob's poor mental health and lack of formal training or qualifications have left him unable to find employment.

Work was crucial to Bob and he struggled with his new identity as a benefit claimant. His social life previously had very much revolved around an after-work drinking culture. When asked about his day-to-day life, he explained:

> *"I've got to be active; I can't sit in the house; you know what I mean? Can't do that. As long as I've got something to wake up for and do, I'm alright. Eh, it's been a bit boring like obviously, not doing nothing."* [sic]

After being let go from his job Bob became homeless, slept rough and refused help from his family. This resulted in him losing contact with both his mother and daughter. Now in recovery, he has reconnected with his daughter who has two young sons. Caring for his grandchildren is a big part of Bob's day-to-day life, and it was evident in interviews that his grandchildren bring him immense happiness and pride. His grandchildren have complex care needs, and Bob cares for them several days a week to help support his daughter. Bob also lives with and helps to care for his elderly mother, and he emphasised that his daily caring responsibilities for his family keep him going. At home and not in a voluntary capacity, these new caring responsibilities reflect an aspect of changing identity that many of these men have experienced.

Duke

Duke (31) has been in receipt of ESA and PIP for two years and has a diagnosis of PTSD, schizophrenia, depression and anxiety. Aged 18, Duke worked in support roles with young people with additional needs. Alongside this, Duke also played semi-professional football which remains a passion of his. After an incident in work occurred when Duke was aged 25, he became unwell and unmotivated to attend. Initially his lack of energy was assumed to be physical, however, Duke shared his emotions to his GP which led to a diagnosis of depression. He was put onto anti-depressants and did not return to work. During this period of unemployment Duke developed an addiction to gambling, alcohol and cocaine as a form of escapism and incurred a large debt. The pressures of this debt led to him having a breakdown and disclosing incidents of violent sexual abuse he had experienced in childhood. This took place over a five-year period in which he tried to return to work on several occasions but was overwhelmed.

Duke now feels that he is in control of his mental health conditions and has a strict routine in place which guides his day-to-day, helps him to overcome the still frequent, down days that he experiences.

> *"Em... it's, on down days it's quite difficult but I know what I have to do. I listen to music, I get a shower, I get out of bed, lift some weights, I take – I drink protein powders, you know just to help me with my training. So, I do all that, sort of... it is like as if I'm in the army. I go through my routine, quite, thoroughly go through each bullet point and it gets me out of a tough situation…"*

Throughout the interview Duke emphasised how keen he was to return to employment; however, it was evident his day-to-day life was focused around maintaining his mental health. This reflects the hard work required to live with a mental illness and deal with trauma, a theme running throughout the narratives (and explored in Chapter 7). Although it is not mandatory to do so, Duke completes job searches daily yet has found he has been unsuccessful, he believes this is due to his openness with employers about his complex mental health needs.

Miguel

Miguel (46) has a diagnosis of bipolar disorder and has been in receipt of ESA and PIP for ten years. Before a breakdown roughly eleven years ago, Miguel was working in London as a financial executive. After being hospitalised he decided to return to his family home in Merseyside. Miguel began to do manual temporary work but found this overwhelming. He attended a WCA to claim ESA but this was rejected. On the day that Miguel received a letter declaring him as 'Fit for Work' by the DWP, he was detained in hospital under the Mental Health Act for the third time. After leaving hospital Miguel received support to access IRBs and he has been in receipt since. Miguel's narrative focused on this in the first interview as he explained, in his opinion:

> *"…that's when the benefit system kicks in for you. When you're finally hospitalised and that sort of thing. There's no in between bit, there's no grey areas, there's no 'what's really happening, what can we help you with?'"*

Miguel feels overlooked by the system because he is high functioning. He currently has no formal support in place and relies on his mother to advocate on his behalf. He lives across the street from his family home, and he enjoys spending time with his parents, siblings, nieces and nephews. Like many of the men described so far, Miguel has engaged in a range of different volunteering activities, although at times this has felt demoralising and caused him distress. He is currently taking a break from this and his daily routine is focused on his mental health, similar to Duke above.

James

James (72) has been in receipt of Disability Living Allowance (DLA) for around 30 years. He was diagnosed with paranoid schizophrenia while on leave from the army aged 17. After leaving the army aged 24, James worked in various manual labouring roles and began to get involved in car theft. James explained getting caught in a negative cycle:

> *"I got collared again and eh... collared again and I got the twelve months and twelve months on top so I got two years in prison. And, all the while I wasn't on medication at that time, I wasn't on any medication at all. I was only in me twenties."*

In prison, James completed English language courses. When he left prison, he contacted a volunteering officer who connected him with a children's residential home. James enjoyed this work and studied speech and language therapy. After gaining qualifications he worked in a school for children with disabilities and complex needs in Liverpool until his late forties. Whilst working James would struggle with the pressure and found that he would be hospitalised around once a year due to psychotic episodes before he took early retirement on medical grounds. Struggling with the reduction of income, James became homeless, as has been a common theme for many participants described so far. James stayed in a hostel for several months before being placed in supported living accommodation where he currently lives.

James' narrative focused on his youth and his love of teaching. He was the longest recipient of IRBs and his day-to-day life followed clear routines of grocery shopping and paying utility bills. James is involved in a range of activities such as choir, walking football, creative writing and voluntary work within a service user committee. James also attends various medical appointments such as with his psychiatrist and CPN as he is in receipt of controlled medication, he also has diabetes, angina, arthritis, and COPD. Although James appeared to be in the most settled place regarding his IRB receipt compared with other participants (he had been in receipt for over 30 years and had no assessments), his description of his daily life suggested an aspect of struggling to make ends meet as was mirrored with other participants.

Paul

Paul (46) has been in receipt of ESA for eight years, he was recently reassessed for PIP and re-awarded the lowest band available. In his youth, Paul had a mental health breakdown when he described being spiked with LSD by peers. He has had a diagnosis of drug induced psychosis, paranoid schizophrenia and bipolar disorder and has been receiving benefits on and off for around 20 years.

In his 20s after a breakdown, Paul began to work with the support of his grandfather who was a window cleaner, and he has worked in many different labouring jobs. Paul attended university in his early 20s and early 30s but terminated both courses before finishing due to mental illness. Paul was supported by the Jobcentre to become self-employed as a plasterer. During the recession Paul became homeless, rough sleeping and living in hostels whilst still running the business, however, this was unsustainable and impacted his mental health. He eventually filed for bankruptcy.

In previous years Paul relied on alcohol and drugs as a coping mechanism but is now abstinent and passionate about spirituality and keeping active through sports. Paul explained:

"I'm still trying to socialise, just do it safely and what have you. I go to the football at least once a week, if I'm not playing, if I'm injured or something I still like to go and say hello – we're like a little family, the lads at footy".

Paul regularly attends a local football team and boxes at his local gym. It was clear that for Paul, and many of the other participants, such as David, that sport provided a community for those who are often quite isolated (see Chapter 6). Paul expressed a very strong sense of self but frustration at the injustice he recognised in the current system for disadvantaged people. Involved with politics, he regularly attended organised protests and marches against government policies such as austerity. Paul's stories frequently portrayed someone who would rather participate than be a bystander. This is indicative of how being engaged in meaningful activity as part of a football club, for Paul, (or volunteering for others) facilitates feelings of purpose and belonging and is ultimately crucial for positive mental health (see Chapter 6).

Chris

Chris (28) previously claimed JSA whilst on a zero-hour contract. The complications relating to this and direct threats of sanctioning caused him mental distress and he was supported by his mental health team onto ESA. He has been in receipt of ESA and PIP for around four years due to depression and anxiety. Chris was assessed for and diagnosed with Asperger's syndrome five years ago.

Chris has experienced a tumultuous time with benefit receipt, which was an emotive topic for him during interview but one he wished to discuss. ESA assessment deemed Chris 'Fit for Work', a decision he appealed twice. Preceding his appeal case, the judge awarded Chris an additional 31 points onto his claim and advised that Chris should be moved from WRAG to the Support Group. After being re-awarded ESA, Chris failed his medical for PIP. During this time Chris has not received any money from PIP and has found that he has had to rely on family, particularly his parents which caused him to feel an immense sense of guilt. The medicals, tribunals and waiting for delayed decisions have had a detrimental impact on his mental health.

Due to funding cuts many of the services which Chris previously accessed have shut down, reduced hours or have moved to more central locations, where Chris cannot travel to unsupported. Chris is frightened to be in the house alone.

"I feel like I don't wanna be in the house on my own. Yeah. Suppose I feel a bit scared at times. Who is gonna knock on the door…"

Unlike Paul above, Chris no longer has a community centre to attend, and it is evident that Chris' life has been dramatically impacted by the changing benefit system. Seeking this daily contact and socialisation is a common thread for most of the participants.

George

George (48) has been in receipt of ESA for 17 years and is diagnosed with agoraphobia, anxiety, depression, OCD and Tourette's syndrome – he also has a range of physical health needs. George was working as a cleaner before experiencing a breakdown and beginning to claim IRBs. George experienced a lot of traumatic events leading up to this which included a relationship ending, a serious car accident and an unprovoked life-threatening attack. During the worst point of his agoraphobia, George did not leave his home for over five years.

As a result of the spare room subsidy (commonly known as the 'bedroom tax'), shortly after the loss of his mother to cancer, George had to relocate from the area where he had always lived, to a one-bedroom flat, in the top of the block. Due to his agoraphobia this has left George feeling trapped. His narrative was one of loss, he explained this transition:

> *"I had me garden. I had people round me, now I am totally isolated. People in prison see more people than me."*

In a sense, George's day-to-day life reflects the trope of the benefit claimant painted in popular discourses (Chapter 2), trapped in a vicious cycle, George's isolation increases his anxiety, and the judgement of neighbours does not go unnoticed as he explains:

> *"Even me neighbour said the other day to me, he wasn't being nasty or nuttin but he said, 'If I done what you done, I'd go crazy, I can't sit in like that'. He works and stuff. And I'm thinking, well am I going crazy? Am I crazy? 'Cause I sit here day in, day out. That's alls I do really. I don't read much or nuttin. If there's a match on the tele, football late in the night I'll watch that… years have gone by and I've done nuttin. Just sitting there, day in, day out, day in, day out."*

George's narrative was striking in capturing the dramatic changes welfare cuts have made to changing his life course. Further, George used to engage in day centre activities, however, similar to Chris' story (described previously), this is becoming difficult because of cuts to funding. The main activity George found beneficial was football, he had a passion about football from childhood, however, it was not the sport itself but feeling a sense of belonging that it crucially provided. These social connections, explicit in the examples given, were repeated in many of the narratives and is the topic of the next chapter (Chapter 6).

Pablo

Pablo (55) has been in receipt of IRBs for eight years due to depression, anxiety and substance use. Aged 16, Pablo did a YTS scheme in painting and decorating and he has done a range of manual labour jobs in the building trade. In his mid-twenties Pablo began using

heroin, the habit led to a dependency and Pablo began to engage in crime to fund his addiction. He has served several sentences in prison for theft and robbery. No longer using heroin, Pablo is dependent on controlled medication which he is required to collect from the pharmacy daily. Pablo is also a carer for his mother who has dementia, alongside the difficulty of addiction, he talked throughout interviews about the emotional impact of watching his mother's health deteriorate.

Before claiming IRBs Pablo was growing crops of cannabis for which he was caught and fined. Pablo expressed worries about the benefit system, mainly the introduction of Universal Credit throughout both interviews. A major fear expressed was of homelessness. This was connected to his day-to-day life:

> *"…basically going to chemist, café, mums', then getting on like paying all me bills, keeping me flat sound and stuff like that because obviously you know, it's important keeping your tenancy, keeping your flat tidy, you know what I mean? Because I know if you don't, they can kick you out on the streets."*

Many participants made references to their experiences of homelessness (12 out of 17 had experienced this), and here it is clear that the fear of homelessness, and arguably the trauma of these experiences, impacted on Pablo's daily life.

Pete

Pete (38) has been in receipt of ESA due to depression for three years. His only experience of employment was indentured labour in England and abroad, before eventually escaping. Pete is illiterate which causes him severe anxiety. During interviews he explained the continuous bullying he has experienced as result of this.

Six months prior to our initial contact, Pete received a letter from the DWP. He could not read the full document but recognised an appointment in bold text on the letter. Pete explained, "…*If I get a benefit letter that I can't read, I don't trust people to get them to read it for me*." Pete attended on the date stated in the letter, however, he did not bring a form of ID which it had requested in small print. Despite explaining to the advisor and it already being recorded that Pete is unable to read, he was sanctioned. Being sanctioned meant that Pete was unable to pay his rent and his private landlord evicted him.

Pete began rough sleeping and at the time of interview was living in a homeless shelter. Pete was experiencing great distress as he had been separated from his dog, Trixie (a requirement of the shelter). Consequently, Pete was paying a large portion of his IRB to his brother to care for his dog and still walking her when possible. He feels under pressure that his brother is

going to sell his dog but is struggling to find a tenancy that will accommodate a pet. Pete described the importance of the bond between him and his dog:

> *"She* [Trixie] *knows when – what I'm feeling. She does stupid things to cheer me up… She wants to go for a walk just so I can go out and get my mind off things. And it is nice to meet other dog people and dog owners when I'm out and about."*

Currently being homeless and no longer having Trixie has dramatically impacted Pete's lived experience. He feels different than many of the other people staying in the homeless shelter as he has no issues with substance use and he attributes his depression to being sanctioned and consequently becoming homeless. This example illustrates the punitive nature of increased conditionality.

Louis

Louis (45) has been in receipt of ESA for five years and is diagnosed with PTSD, depression and anxiety. Louis also has attention deficit hyperactivity disorder *(*ADHD*)* and faecal incontinence due to his prolonged heroin use. Louis entered rehab in 2003 and did not use heroin for ten years, although he began to use again in 2013. At the time of the interview, Louis had not taken heroin for two weeks. This was something he was proud of, showing me new shoes he had purchased with his social security money instead. Louis was living in a hostel after spending several months rough sleeping.

From the age of 18, Louis worked as a painter and decorator in various locations in England. His mental health worsened five years ago which led to Louis claiming IRBs. Louis connected his diagnoses to his 15-year relationship with his ex-wife Dawn. Dawn had severe and enduring mental health conditions due to historic sexual abuse and Louis helped to care for her. During the interview Louis talked graphically about Dawn's self-harm which frequently required professional interventions. They are currently separated, and Louis is on parole due to being accused of assaulting Dawn, which he denies.

As is noted in the previous chapter, Louis was only interviewed on one occasion as on the second he was aggravated due to finding out a property would not be available to move into. In the first interview I asked Louis, about the important things in his life, his reply is illustrative of why Louis' frustrations were so elevated and prevented a second interview:

> *"At the moment, it feels like I've got nothing important in my life. The only important thing is when I get a flat, so I can start rebuilding me life up again. Start again… Yeah, I can't wait because it'll make me feel better, it's mine then and I can build me life up. Yeah, yeah, see when you've been homeless and you've been on the street, it takes*

it out of you. When I first come in here I must of slept for about fourteen hours or something like that, because I was so tired. I felt better then, in about a week, because I was tired. But when you're out there, when you've been on the street – like Christmas day I was on the street, it was horrible. I was crying me eyes out and I've never begged."

Louis is one of 12 participants who had experienced homelessness (out of 17) and his narrative is demonstrative of the importance of shelter as a basic need, without which it is incredibly difficult to develop good mental health strategies or access mental health provisions. This study did not seek out people who had experiences with homelessness, or addiction, however, as this research was concerned with people experiencing mental illness it is clear these issues often go hand in hand. Listening to the stories of participants it became apparent that providing stable housing is an upstream intervention to improve wellbeing and reduce social exclusion. The topic of homelessness is interweaved throughout my research findings more broadly but is not a specific theme at this time.

5.1 Concluding Remarks

This chapter has introduced each participant and some aspects of their lives which influence their day-to-day realities. Doing so illustrates the uniqueness of each participant and addresses some of the stereotypes of benefit claimants increasingly portrayed in a two-dimensional way, such as "sitting on their sofas waiting for their benefit cheques to arrive" (David Cameron, 2010d, unpaginated) (see Chapter 3). Participants were selected for this study based on the criteria of experiencing mental illness, being male, receiving IRBs and location (a basic participant information table is also provided in 'appendix 6'). Beyond these superficial similarities, there are a wide range of themes that could be recognised in the shared experience of participants above, including but not restricted to trauma, addiction, maintaining routine and fear of failure.

The key argument of this thesis, based on analysis of the narratives, is that accessing IRBs is a battle for recognition of legitimacy and will thread together the subsequent chapters. Following on from the introductions provided, the next chapter outlines how participants seeking to negotiate and manage this battle draw on social capital, including formal and informal services, to rebuild social networks. Consequently, Chapter 7 details how the welfare

system increasingly scrutinises an individual's legitimacy with regards to their status as a benefit claimant, and their 'sick' identity. Additionally, Chapter 8 illustrates the role of women within the lives of participants when achieving this legitimate status.

CHAPTER 6
SOCIAL CAPITAL: FRACTURES AND FUSING

Introduction

The argument proposed in this thesis is that accessing IRBs is a battle for recognition of legitimacy that risks causing trauma to vulnerable populations, such as those with mental health conditions. This chapter details the ways participants in this study, under increased surveillance and scrutiny from the welfare state, navigate and manage their identities by drawing on their community, such as through sport and voluntary work. Doing so it demonstrates how social connections provide a tool of resistance to help marginalised people legitimise their identities or foster new identities (i.e., from worker to volunteer).

This chapter focuses upon the importance of social connections for the men in this study, outlining the key themes which emerged when answering the research question, 'how do men, who experience mental illness and claim incapacity-related benefits, negotiate the changing welfare system?' The first section will illustrate how, for the participant group, social capital has been fractured: on an individual (psychological) level due to their mental health, and on a societal (social) level, due to the severe dismantling of services under austerity. The second section of this chapter describes the process of overcoming adversity and being resourceful in attempting to build and maintain social connections.

For the purposes of this chapter, I draw primarily on the work of Bourdieu (1983) and Putnam (2000) in operationalising the concept of social capital (see Chapter 3). 'Social capital' in this context is drawn from a broad sociological understanding to describe the advantages derived from social connections (Bourdieu, 1986), as it is seeking to consider how these social connections, for participants, are utilised to bolster legitimacy in status. There is a general agreement of this definition of social capital (Leonard, 2004), however, the advantages and the beneficiaries identified by social capital scholars differ (Gelderblom, 2018).

6.1 Fractured Social Capital

As Chapter 5 described, research is influenced by the landscape in which it takes place. With this in mind, we must first consider that under political austerity and financial insecurity, government spending by local authorities has been cutback heavily (Shui, 2014) (see Chapter 2). Such measures have been unevenly redistributed and hit the poorest communities hardest (Kennett et al., 2015). Liverpool, where this research was conducted, contains some of the

most disadvantaged areas in the UK in terms of employment and income (Lavalette, 2017). Between 2010/2011 and 2016/2017 Liverpool City Council was forced to reduce its annual spending by an average of 58%, which is over 20% above national average (Kenyon et al., 2018). Consequently, Liverpool has the largest number of neighbourhoods in the most deprived 1% of neighbourhoods nationally (ibid.).

'Community', like 'social capital', is based on networks of inclusion, yet economic poverty is the root cause of social exclusion (Levitas et al., 2007). Coalter (2012) suggests the concept of 'the poor' as a social group has been replaced in policy discourses by the socially 'excluded'. People with debilitating health conditions and disabilities are already "more likely to live in poverty and be out of work than the wider population" (O'Hara, 2015, p.142). Participants in this study experience multiple layers of disadvantage such as being ill and unemployed which fracture their social connections. Wilkinson (1996, p.230) asserts that, "There can be virtually no one who is poor and not excluded from leisure and culture, for much of leisure is commodified and has to be paid for directly, or indirectly" (see also Putnam, 2000). In this study, participants' exclusion was characterised by reduced mental health support, namely, day centres and access to the community through the pub.

6.1.1 Unemployment Isolation

Mental illness prevented the 17 men in this study from being able to manage formal employment, which is why they claim IRBs. Participants had held a range of paid employment prior to IRB receipt (see 'appendix 6' participant information table). This included being a business owner and a media executive but was most commonly labouring roles where routine is structured by others. Employment is an integral way in which people engage and socialise with others, which meant the participant group, without this key part of day-to-day life, are at increased risk of isolation. This is explained by Gerard:

> *I think work's great if you can find the right job and the right people to work with, it's beneficial all round. It helps you, no matter what you do… You're not isolated, or alone. It also gives you purpose, to go out and work. The most benefit* [sic] *is being able to see people and speak with people. (Gerard, 52)*

As explained above, being unable to work meant that participants often did not have structure and most importantly, opportunities to socialise. Originally developed in the context of psychological unemployment research, and usually cited in this setting, Jahoda's (1982; 1997)

latent deprivation model is relevant in this context as she states that employment has not only the manifest function of earning a living but also five unintended or ‘‘latent’’ functions. Jahoda’s model can also be seen as a general theory concerning the meaning of work to mental health that implies a very positive view of employment as these latent functions correspond with basic human needs and help to sustain wellbeing and mental health.

Subsequently, the lack of social integration, structure and routine of going to work leads to a lack of opportunity for spontaneous social contact (Peterie et al., 2019) and can lead to isolation (Sage, 2018). People may isolate themselves because of the social stigma attached to unemployment and the inherent value of paid work. Withdrawal from social networks as a strategy to manage stigma-related shame reduces further networking activities. Maintaining social networks plays an important role in helping people return to employment (Peterie et al., 2019), however research by Marks et al. (2017) has found that IRB claimants are deterred from engaging in social activities in case this is used as evidence of their ‘Fitness to Work’ (see also O’Hara, 2015; Manji, 2017).

6.1.2 Mental Health Provisions

Experiencing severe and enduring mental health conditions throughout their lives had caused isolation and loss of social opportunities for many of the participants. People who experience mental distress may be excluded from material resources, activities of social participation and health services (Thornicroft and Docherty, 2014), causing them to be among the most excluded groups in the UK (Boardman, 2011) which directly connects with reduced access to forms of capital. Furthermore, this group have been especially vulnerable to the austerity programme (Mattheys, 2014; O’Hara, 2015) due to real-term reductions in investment in mental health services which has exacerbated pre-existing underinvestment in services (Thornicroft and Docherty, 2014).

Under the Mental Health Act in England, people can be detained in hospital against their will if they are deemed to be a risk to themselves or others. According to Lavalette (2017), pressures on treatment services have meant that a breakdown in a person’s mental health has become a more frightening and traumatic experience. Out of the 17 participants, 8 had been involuntarily detained under mental health legislation for extended periods. This was an important part of their narrative which led to feelings of isolation within the community. Miguel explained:

I spent like another entire month of me life locked up like. And no one can… I don't tell people about it. There's people that sort of know about mental health and that. But I don't think I've told anyone that for a long, long time. So… it's like difficult to… because that means that most of the time, I'm actually ignoring what's gone on in my life. To sort of make life a bit more tolerable. (Miguel, 46)

Miguel's disclosure above illustrates that to protect his identity from stigma and embarrassment he avoids telling people about his involuntary hospital stays. Additionally, the stigma associated prevents Miguel from moving forward as, being unable to articulate an experience often prevents the person from processing it. Participants often felt that they could not disclose this experience to others, it was one that was disempowering and reduced feelings of self-worth. As will be demonstrated in the next chapter, this was also aggravated by the medicalisation of benefit assessments (s.7.2). Due to fear of experiencing stigma in a social setting, participants felt they needed to hide an aspect of their identity to feel legitimate, which compounds the marginalisation already experienced because of their mental health condition (similar to Akther et al., 2019).

6.1.2.1 Day Centres

As was described previously, Liverpool has experienced significant reductions in central government funding. In the period between 2010-2017 Liverpool City Council had to make £329 million in savings which represents a 58% cut in funding in real terms (Lavalette, 2017). Concurrently, there has been a reduction in services which offer ongoing support in community settings for people with persistent mental health problems (ibid.). Thirteen of the seventeen interviewees had attended such services. These include adult day centres, a community provision that provide people, often from marginalised groups, the opportunity to meet others socially, have refreshments and to engage in activities and classes. Paul connected the removal of a local day centre to the increased likelihood of hospital admissions:

I went to a day centre – this is why funding cuts annoy me, there used to be good, like a day centre where you could go. So you didn't have to go on the wards, but someone was keeping an eye on you, you were under care. (Paul, 46)

Restrictions on access to day centres tended to place participants in increasingly isolated positions, aggravating the existing factors stated above, which led to the loss of meaningful relationships. Another participant, Pablo, had been attending a service for ten years, the service was for individuals with complex needs and Pablo fit this demographic having experienced depression, heroin dependency, a custodial sentence and homelessness. Our interview took place at the service and Pablo had very recently learnt that it would be closing, he explained:

> *It should have been funded and carried on to help the people out there and all the problems. Why start something and not finish it? Just carry on and fund it. I know they said they couldn't get the funding and they're not allowed to do it. Why're they not allowed to do it? You know, the government cutbacks and all the services – it's just going back to the Victorian days, Oliver Twist days, that's what it's like. It's going back a hundred years, you know what I mean? (Pablo, 52)*

Pablo's anxieties mainly stemmed from concerns about his peers, and he talked in depth throughout the interview about the need for services as *"some people go off their head because they don't have a service going on"*. At interview, Pablo's friend had recently had a fatal heart attack in a foodbank and many other participants cited the loss of friends in similar circumstances, particularly while rough sleeping. Pablo observed that at this service a common sight was to have ambulances outside due to substance use.

> *I've seen, you know, this service helps people... They've had to get ambulances every week, every other week … It just shows you, it's life and death, know what I mean? The serious side of it all is that people are dying, know what I mean? (Pablo, 52)*

Pablo had first-hand experience of how 'the centre' protected the lives of his peers. He also reflected on the loss and isolation the closure of this service would cause personally:

> *Obviously, it's like with this finishing, I've got to live in me head now. When this finishes, I have to go live in my flat. I've got my family in my mum but how long is she going to live, because she's got dementia? (Pablo, 52)*

George's experience similarly exemplifies connections being built and then fractured. George, 49, suffers with agoraphobia and was moved from his home into a flat due to the government's 'spare room subsidy' (or 'bedroom tax' as it is better known). This has caused him acute isolation as he is unable to draw on the social connections he had in his local area. To help counter this day, centre services were put into place for George. When he was supported to manage his agoraphobia, he attended and explained:

> *… there was a lad that was in the centre I used to play football with many years ago… he was like – he was a bit like myself and he said 'you need to start coming up to the day centre' because it's really helped with him and stuff… Em, so I went there for many years. But as I say, with all the cuts and stuff the centre was closed. (George, 49)*

George's experience captures the pessimism related to closures and participants' recognition that accessible support was not permanent. It also demonstrates the connections men made through sport, which is discussed in detail later in this chapter (s.6.2.2). In George's area, day centre funding was redistributed to a range of training courses aimed at 'mental health recovery'. These classes replicated courses tailored by the DWP to support people into work. George explained his apprehension:

> *They're not funding it no more and they're starting up … Where they're trying to get you back into work and stuff but, classes like that I can't go to I'm not ready. It's… it's too much, too full on I just can't do it… I couldn't sit in a classroom for three hours… there's no, like, anxiety courses or things like that, it's like full on work type sorta stuff. (George, 49)*

For George, this 'college' is not catered to his skill set or his health needs. This begins to demonstrate the anxiety around work-related activities felt by many participants (discussed further in the following chapter (s.7.2)). Much of the funding allocated to day centres has been replaced with short-term provision, placing an increased emphasis on 'recovery', where service users are asked to resolve often long-term mental health problems, in very short periods of time (Lavalette, 2017). There is an individualising undercurrent to these transformations where self-recovery and independence are valued above other views on how mental health services should be delivered (ibid.). This shift in government funding decisions symbolises motives that are focused on supporting vulnerable groups to return to the labour

market (see Chapter 2). As opposed to services, like George has described, which focus almost exclusively on work-related activity, evidence shows the effectiveness of services with a much longer-term approach to support people with mental health difficulties (Greener and Moth, 2020)

6.1.3 The Pub

So far, an exploration of the participants experiences has outlined isolation due to illness and stigma around mental health and a lack of opportunities for social engagement. Alongside day centres, participants discussed what is arguably the more traditional heart of the community; the 'public house'. George describes how he is left isolated due to a lack of funding to voluntary support such as day centres, because he does not drink alcohol and does not 'do' the pub:

> *Because I don't drink, I don't do pubs, I don't go out. So I can't mingle with people. I can't meet people. I've got no like… I've got no… I can't meet anyone or speak to anyone 'cause I don't go out. But the day centres, the place I was going to, there was people just like meself. They were easy to talk to. I don't go to the pubs… I can't do pubs. (George, 49)*

As has been mentioned previously, many of the participants have struggled with substance misuse and six were in recovery for alcohol dependency (12 in total: three for cocaine, three for heroin). This outlines the complexity of everyday struggles within the community. For others such as Paul, the pub was a symbolic process that needed to be replaced:

> *Actually, I'm in recovery so I still meet some of the decent people I've met on the way in recovery for coffees and that. I'm still trying to socialise, just do it safely and what have you. (Paul, 46)*

Recovery and addiction are complex issues and not the topic of this thesis, but it is useful to note that for some participants the pub was a key site for social interaction. For those participants it was not positioned as a space to be intoxicated but instead somewhere to engage with others. Share (2003) highlights how pubs have a significant role in habit and

repetition, this is evident in the language of being a “regular”, which offers a sense of continuity and belonging to those who frequent it. In that sense they can be viewed as a ‘leveller’ with usual social differences diminished. Local pubs are a site of extensive social interaction and in a sense, a small society. Although guided by regulations, pubs reproduce social order in a relaxed atmosphere and foster conversation as the main activity (ibid.). Chris, aged 28, has been in receipt of IRBs for four years, he experiences depression, anxiety and has Asperger’s syndrome. Chris explained his routine and the ways in which he adapts his everyday behaviours for social interaction, including the pub:

> *In the afternoon I usually call down to the local pub. I don’t always drink sometimes I just have a few cans of coke and a chat. And watch the horse racing… (Chris, 28)*

Despite emerging as a site for interaction with others, there was social stigma attached to being at the pub as a benefit claimant. Chris continues:

> *I hate it when someone says to me, ‘where do you work?’ If I actually turn round and say, ‘I can’t work, I’m mentally ill’ then they’re like, ‘well you’re okay to be in the pub every day, aren’t ya?’ Or ‘but you can pay to be in the bookies every day?’ They’re nasty about it, so I just… most of the time I just make something up. Because I cannot be bothered with it. Because that’ll upset me that, that’ll send me head west. I’m learning to try and I know you’re not suppose… I don’t like lying but sometimes it’s best thing to do because people don’t understand. Because to them you just look normal. And yeah there is times I feel normal, I feel great, there’s other times when I don’t wanna be here* [crying]. *(Chris, 28)*

Against a backdrop of reduced service provision, and arguably a form of self-prescribing, Chris seeks out ways to socialise with others but feels demonised for doing so. It illustrates a surveillance on benefit claimants activities exists by others and echoes language used by politicians such as George Osborne, detailed in Chapter 3. This also highlights the stigma of having a hidden illness or disability, explored further in Chapter 7.

Traditionally going to the pub was a reward after a day of working. Participants were not able to engage in this routine because they did not work. They missed the camaraderie of work as

well as drinking traditions which came with it. Yet, the infrastructures of a lot of communities have now changed, as Miguel explained:

> *… but pubs have gone, and pubs were where fellas went after a day's work 'cause they were like "fucking hate my job, but I can go to the pub and have a pint with my mates and I'll go home and have my tea." That's idealised… But there was working culture which was like a male thing, so pride and all those things are all tied up in it aren't they?*
>
> *And em... the only place left now where it's all fellas is fucking betting shops, and they stink. I hate them… I just think it's sad and depressing. They put toilets in there now and coffee and stuff but there's no cheer or anything like that. I'm a fan of libraries and stuff, but it's like the last free public space where there's no expectation of like... "if you're coming in for a coffee you've got to pay for it and sit down". You can't just come in and be. Again, public spaces is a big thing. Taking away park land and stuff like that… (Miguel, 46)*

Miguel's insightful summary offers an astute observation of the intricacies in social spheres of masculinity tied to socialising in the pub. People that gather in a pub form a community and has traditionally been seen as an instrument which helps the community reinforce itself (Share, 2003). However, In the decade following the 2008 financial crash, almost a quarter of all pubs closed (Office for National Statistics, 2018) with a shift from local places to gentrified 'gastro pubs'. Alongside the erosion of pub culture, Miguel outlines a reduction of spaces available within the community to '*just come in and be'*. Although these communities may not have geographically changed, they are fractured in no longer having the sorts of industrial districts and "occupational communities" described in Strangleman (2007, p.92). Neighbourhoods are vulnerable to being stigmatised, which carries implications for residents' social networks and opportunities for accessing social capital.

6.2 Fusing Social Capital

Despite being stuck in financial constraints due to being unable to work and having reduced social opportunities, described previously, this section discusses the ways participants deployed social networking opportunities. A sense of belonging within a group is a "fundamental human motivation and a core human need" (Boardman, 2011, p.114). Economically privileged people have financial resources to fund the development of cultural capital and their advantaged position can create capital within social groupings. In his work, Bourdieu (1986) gave primacy to economic capital, believing that this form of capital provides access to cultural and social capital (Leonard, 2004). This view differs from Putnam's (2000) work which gives social capital an equal place alongside economic and cultural capital. Putnam (2000, p.318) argues that because "poor people" have little economic capital, social capital becomes essential to their welfare.

In this study sport and engaging in voluntary work emerged as crucial activities that provided legitimate means by which people build relationships with others and find social connection. Participation in activities can enhance social capital where alternative sources of social identity can emerge and help participants to 'get by'. In research conducted with a community group in Belfast, Leonard (2004) found that males were highly selective in ensuring that they participated with those most likely to be able to reciprocate. Leonard (2004) suggests that economic rationality permeated social relationships. As is exemplified in many of the sporting and voluntary groups described subsequently, unemployment and mental health problems were a shared common experience among those attending which can reduce the risk of stigma for these characteristics.

6.2.1 Voluntary 'Work'

According to two US studies, Sahili (2020) and Desmond (2012), there is little literature considering the ways in which people in poverty survive by creating societies outside of family or kin networks. Both describe how voluntary work, and creating ties through this, is how the most vulnerable survive in the context of increasing social abandonment. In this thesis, experiencing mental illness prevented participants engagement in paid employment, however, engaging in different forms of voluntary work was a positive way to avoid isolation. This was a form of management of the self to reach a 'normality', and was often a way to find a sense of belonging with others who shared experiences, implied in Paul's reflection:

> *"…* [I should] *probably have a nice car, nice house. You know... but at least I'm still here, alive. And I can help people, and stuff." (Paul, 46)*

Accordingly, 10 out of 17 participants were engaged in voluntary work. This was an independent and personal decision often arising from a desire to be 'useful' and helped participants to structure their day (see also Chapter 5). Gerard, 52, volunteers for two services, including sitting on service user committees to advocate for his peers. Below Gerard explains that for him, volunteering provides the same benefits of employment and there is little distinction:

> *… the benefits of having a social life around work, as well as the mental health benefits of getting out each day and getting the exercise 'cause you're to-ing and fro-ing, yeah, I think work is a great thing, if you're in the right job and you're motivated as well. It's a benefit, regardless of wage. That's why I do a lot of volunteering… because of the benefits of getting out of the house, and meeting people, and having a social life – going for a pint with your work mates. It's normal, so to speak, but it's not just normal. It's beneficial once you get into that routine. (Gerard, 52)*

Volunteering emerged as an important part of many participants' lives. As can be identified in the extract from Gerard above, the men spoke about their voluntary work in a professional capacity, which was developed through a range of training provided. This is also demonstrative of the work ethic participants maintained. Aronowitz (2003) suggested that more traditional 'middle classes' pursue actions of civil society such as volunteering and activism. However, similar to findings from research by Parnell et al. (2015), in this study it is working-class residents from Liverpool who have mobilised and are engaged with such activities. It was evident that engaging in voluntary work was an invaluable way to build a connection with others. Interestingly, participants tended to volunteer with people who had similar experiences.

> *When you know something yourself, you're a better judge… Whereas if you just come out of university and you're a qualified psychiatrist and you haven't been through addiction you wouldn't really know what they're going through, do you know what I mean?" (Bob, 58)*

Bob's view above was shared by many of the participants who were empowered to use their lived experiences, which equipped them with knowledge of the system when volunteering within services. For interviewees in this study, participating in community groups provided the opportunity to connect with people that understood their potentially stigmatised characteristics: their status as mentally ill and unemployed. Hence, there was a reduced threat of stigma. Throughout the stories participants shared, there were continued examples of providing support to peers. For example, when previously attending a day centre, George, was paired as a peer-mentor for a man with similar conditions to his own. George explained the benefits of his lived experience:

> *He was just like me. Aww it was horrible to see. He was jumping everywhere. He was twitching. He was fighting for breath. He was having palpitations. So it was like looking at me from the outside. I've never like seen someone as bad as that, as like what I am meself. So… I sort of like helped him through it as best as I could 'cause I knew what he was going through… (George, 49)*

While 'othering' has been found to be a common defensive strategy employed by stigmatised groups, such as those reliant on social security benefits (Shildrick et al., 2012) whereby benefit claimants stigmatise others who receive benefits (Chase and Walker, 2013: see Chapter 3), this strategy was absent in the narratives of those who volunteered. Perhaps due to their understanding of others' struggles, gained through both personal experience and exposure to other stigmatised individuals whilst volunteering. Othering can lead to divisions in communities (Patrick, 2017) and create an atmosphere of distrust (Saffer et al., 2018), which can further experiences of isolation. Perhaps, the antithesis of 'othering' is belonging, which these interviewees achieve through voluntary work and exposure to 'others'. Trent and John (interviewed at different services) both had previously experienced alcohol dependency and depression. They both now volunteered at separate services and described the support they provide through being present:

> *I thoroughly enjoy it. It helps me, it helps me…. I would be with a guy… Just for an hour, and for that day he hasn't drank, he hasn't used, and he's had contact with another human being, and he's been treated as a human being…. It helps. It helps him for an hour... (Trent, 63)*

> *…it sounds horrible, sorry – but it's a good feeling knowing that* [service user] *wants help. Because I've been there, I've cried and wanted to get where I am today. I've seen her and what she's going through and it's a good feeling knowing that like if we weren't there she could be dead… (John, 41)*

Desmond (2012, p.1303) contended people overestimate the amount of support they give and underestimate the amount they receive as one's sense of self increases from "ladling soup" and diminishes when having it ladled into their bowl. From my observations I would propose that the participants underestimated the contributions that they made to others. Testimonies from George, Trent and John above are crucial in capturing the emotional connection which participants developed with their peers. The hard work demonstrated by the participants fits with Patrick's (2015) call for widening the definition of work to incorporate volunteering, community involvement and other forms of participation (see also Glucksmann, 2005).

Some kinds of volunteering are still both gendered and classed which can serve to exclude working-class men. Perhaps the types of help provided by men in this research (in working-class community settings or related to recovery or sport) allow them to retain an acceptable working-class masculinity. It was common for men to talk about voluntary work with other men, who are like them. Hence, it could be suggested that volunteering is a suitable activity within masculinity where men can provide love and care for others. Ten out of seventeen participants were fathers, four were grandfathers and whilst they would describe being proud of their children or caring for children/grandchildren this was not a key topic for discussion during interviews. It was much more common for men to discuss voluntary work and thus present their legitimate role in that way, rather than through discussions of caring responsibilities in domestic settings. This starkly contrasts with research conducted with working-class women (see Skeggs, 2005; Peacock, 2013).

It is understandable that increasing self-worth and seeking legitimacy could be a motivation for voluntary work. Some participants' motivation to volunteer arose from feeling indebted to a service for supporting them. Mahoney's (2015) research into desistance and crime found that participants wanted to give back to organisations which helped them and assist others in the process (see also Maruna, 2001). Volunteering allows participants to stay connected to a community where there is an inbuilt support network and an absence of stigma around mental health and addiction. Therefore, many volunteered as a way of remaining in contact with a

previous support source. For Tony, who does street outreach, it is the exposure to his past that motivates him to maintain his sobriety:

> *I enjoy it because it's like a reality check to me. Because that's where I was before I came in here. You know, on the streets and in the hostels. It sort of like, it hits home that if I pick up a drink again, that's where I'll end up, again. There's that many homeless out there. Now that I've been homeless myself, I'd like to do more that's just nice, isn't it? (Tony, 30)*

Touched upon in the previous chapter, volunteering is often an encouraged activity for individuals who are in recovery from substance dependency. As Kenny explains, the structure that voluntary work provides may help to avoid relapsing:

> *Oh yeah, I'm always busy you know? I'm busy everyday like, I don't- I don't stop 'cause like, with addiction if you stop I think your more tending* [sic] *to go back into it. (Kenny, 49)*

Not all participants volunteered in similar services to the ones that they had been supported by or still attended. Three participants described how they would actively avoid doing so. At the time of interview, Miguel had been in receipt of IRBs for ten years. He is fluent in two languages and decided to use his skills to assist with English classes for refugees, for three hours a week. Miguel explained what that entails:

> *… being a friendly face because obviously a lot of them have had a – they'd either been here in Liverpool quite a while or they were probably feeling quite isolated, or recently arrived from somewhere quite troubled or they're in the Home Office system which… once I started seeing how that goes, then I'm starting to think, 'well, you know – there's always people worse off than yourself' sort of thing. (Miguel, 46)*

Miguel's excerpt above illustrates how he, and other participants, continue to find ways to maintain aspirations and a sense of belonging with others. Miguel does not share the experiences of 'refugee' or 'asylum seeking' status but empathises with this situation through his own personal circumstances and worries. This is significant as it highlights that for the men in this study, personal experience of isolation and difficulties with government welfare

processes led to them expressing concerns for stigmatised groups, acknowledging that media portrayals can be divisive. Participants overwhelmingly expressed sincere concerns for marginalised groups including people with physical disabilities, single mothers and migrants.

6.2.1.1 Contrasts to 'Paid Employment'

Engaging in voluntary work can be extremely beneficial to rebuild social connections and strengthen social capital, however, there are also limitations. Such limitations are heightened by both the chronic health conditions and the 'unstable' welfare system that the men in this study experience (see Chapter 7). Pablo explained that although he attended training to offer peer support at the centre he attends, it did not feel appropriate currently:

> *I'm struggling myself so I don't know how I'm going to be valuable as a peer mentor. The whole idea of being a peer mentor is that you can help other people through their problems. But if you're going through your own problems, how're you going to be able to help? (Pablo, 52)*

The excerpt from Pablo above begins to demonstrate why we must not assume that voluntary work is suitable for all. Reaching a point where participants could support others was a complex, incalculable process. Similarly, participants need to be cautious about their own recovery. Bob who has experienced homelessness and describes himself as 'an alcoholic' explained that although a friend, has begun to volunteer, this personally was not appropriate:

> *…I wouldn't wanna be around that all the time, know what I mean? Some people must enjoy – not enjoy it but... I do wanna help people but, not like, you're constantly hearing it so it must be in your brain. As in… You know what you went through all the time. I wanna forget about them times. (Bob, 58)*

As well as re-living trauma as Bob explains above, it was also evident that participants can become too invested and subsequently experience burnout from their engagement with services. This can result in them neglecting their own health. Before volunteering with refugees, Miguel had interviewed for a job at a national mental health charity. Miguel was unsuccessful for the paid role but was offered a position as a volunteer which he felt pressure to accept as his CV had detailed his vast experience. While there he felt that he was taken advantage of, which was detrimental to his physical and mental health, he explained:

> *…it was more or less like 'just get on with it'… getting me self all around Liverpool on different buses to try and show* [I was] *willing and do something…* [I] *just died a death. It was quite a demoralising experience… But again, it started to get a little bit like, well I'm investing so much of my time for it, I need to take a bit of a back step… (Miguel, 46)*

The importance of engaging with voluntary work was that the men had made the autonomous decision to do so and could withdraw when necessary, dependent on health and other commitments. As experts by experience in their own mental health needs, participants emphasised the significance of the voluntary nature of their roles which meant that they could assess the situation and, as is highlighted by Miguel above, take 'a step back' when necessary. Participants expressed sentiments about the value of work, alongside concerns regarding the physical or psychological limitations their health placed upon them. Trent explained:

> *I've also got to be careful to watch myself, that's for my own health. Lots of people say to me, 'why don't you apply to that job? You'd be good at that job, to do that, do this'. I've said, I don't want to do that… the work that I do do, it does get noticed, and I do get rewarded for it in the best way you can, and what they can. Not monetary… (Trent, 63)*

Unlike several other studies with benefit claimants where the undoubted difficulties and financial pressure of reduced incomes were featured (Garthwaite, 2014; Patrick, 2015; Griffiths, 2017) this was not a topic appearing in this study. Although there were undoubtedly difficult financial implications of living on IRBs, people's motivations to do voluntary work did not emerge as financially orientated. There was a lack of value placed on monetary gain by participants; instead, the goal appeared to be a connection with others who had a shared experience. Perhaps this finding emerged because the focus of this study was not on participants' experiences of benefit claiming but instead a holistic overview of their lives and from that, whether benefit receipt was influential to their wider narratives (see Chapter 4). Participants were not focused on what can be measured in stark economic terms – but the mutual value for their health and others. This is summarised by David:

I'm not looking for a job. I'm not looking for a paid job, I've got three/four jobs that are all voluntary and I'm happy with that. I don't want the money, I'm not interested. (David, 53)

Through voluntary work participants gained a sense of belonging in a social network and obtained new work experiences, training, and at times qualifications. It could be contended that voluntary work is increasingly conceptualised by the DWP as a means to getting a job. Yet participants appeared to resist this, as David explains above. It is also crucial to note 'voluntary' work offered by the DWP was rejected by participants. Despite the illustrated benefits of volunteering, participants were also conditioned to be nervous about what they share in their daily life, for fear it could be used against them by the DWP. Manji (2017) found that increased conditionality was reducing IRB claimants involvement with activities, such as volunteering (see also Marks et al., 2017). Participants in this study repeatedly emphasised that volunteering was different than employment, perhaps they did so as a consequence of intensified surveillance by the DWP and an awareness that their actions potentially risk evidencing their 'illegitimacy' for benefits. Gerard, 52, explained:

… unfortunately, it is a bit of a balancing act. Obviously, you have to tell the Works and Pensions that you're volunteering, and you can only do fifteen, no more than sixteen hours, before it affects your benefit… So, yeah, it is a thin line between actually trying to get up and give back to the community you're living in, then having the dole on your back saying, 'well, if you're doing that, then why aren't you applying for this job?' Well, simple answer after that is, I'm not ready for full time work. I might look okay that day when I get up and speak, but the day after I may not. (Gerard, 52)

Being under scrutiny instils fear, which prevents people from engaging in meaningful activities. Trent's experiences of volunteering were a personal journey alongside his recovery. He initially began assisting in a charity shop, where he connected to a larger organisation and became a 'peer mentor' after completing a training course. He explained the ways that the conditional nature of the welfare system can be detrimental to his role:

… when you're assessed, and you're not seeing your work coach I could do all this [voluntary training course]. *But if I've got to go every day, or I've got to do a report to say I'm looking for jobs, keeping diaries and all that stuff – I wouldn't be able to do*

that… What's good is where I can help them [service users] *is through my experiences with things like this. Eh... telling them what I've done, and how I felt. Sometimes I can help them in their situation, but it doesn't help with the benefit system. (Trent, 63)*

In the extract above, Trent explains that his experiences with DWP conditionality enable him to empathise with others. This exemplifies how connections are built within these community groups through shared lived experiences. Yet, as Trent describes, mandatory activities and constant pressure to gain paid employment risk preventing the positive contributions he is making.

Putnam (2000) outlines that while these networks, developed in voluntary settings, have some beneficial features they are ultimately based on forms of exclusion. Putnam proposed that 'bonding' social capital, which connects similar people, can produce negative consequences such as exclusion. He instead advocated for 'bridging' social capital which facilitates connection between diverse people and leads to social solidarity (Putnam, 2000; Putnam and Campbell, 2010). Under this line of thinking, strong networks may support immediate needs but without access to bridging capital, participants miss out on the necessary resources to get ahead.

Participants may demonstrate they are 'getting by' and supporting vital services, however, several expressed concerns that their role and lived experience was, at times, overlooked or taken advantage of. This is captured in the extract from Gerard below. Gerard has been in receipt of IRBs for over 20 years and has volunteered for two organisations for over 10 years. He has completed various training courses but expressed concerns about this:

I've got a really good CV, but like I said… there is still a problem of employing service users. You can have a great CV, but if no one's gonna take the chance with you because of your past, is it pointless trying in the beginning? Well, I don't think it is, because it's, it's beneficial to me, even if no one else, it's certainly helped me with my mental health. Also, getting a bit of exercise helps, getting out. It is beneficial, but you wonder how much training you can do until you're overqualified for a post that you're not even being offered.

I found a few services actually have regular service user meetings, take the service users ideas, run with them, then claim that they're theirs… "no, hang on actually, it came from sitting down at a table with service users who thought of it". There's a lot of that goes on… that is so important, is to be given the opportunity to, to put your name

> *forward, to be put on a shortlist, job interviews, to be offered the job in the first place, or at least sent the email that there is a job. Instead of someone coming from the outside who applied for the job that you knew nothing about, and you'd have been perfect for, given the opportunity, and maybe the right training. (Gerard, 52)*

This lengthy extract tracks how, although gaining voluntary experience can be useful, what is truly required is for job roles to be made available with reasonable adjustments, so that sick and disabled people can receive financial compensation for their contributions. Like research by Warr (2005) there was evidence of being involved in supportive local bonding networks, but participants did not describe being linked in bridging networks that extended outside their neighbourhood. Although volunteering may provide an opportunity for social contact, this is less equal in terms of accessing social status than employment (Sage, 2018). The routine that voluntary work provides is an essential feature of most forms of work, yet social status is more likely to be consequential from waged labour (ibid.). This is also applicable for participants who engaged in sporting activities, detailed in the next section.

6.2.2 Football and Community

As the world's most popular sport, the significance of football has been recognised by social scientists and historians since at least the 1960s (Giulianotti, 1994). Out of 17 participants in this study, 15 made references to sport, most commonly football. As is detailed in Chapter 5, this was often shared in small anecdotes: a reference to their childhoods or a way to connect with me. This section illustrates the ways in which participants have used football as a tool to build connections, furthermore, among the participants it was recognised as a feature of masculinity. Miguel explained:

> *I've grown up in the time, when men didn't show any emotion, in the UK. UK men, especially in cities like Liverpool and stuff like that: you're a hard case or you're a softie type thing. That sort of like, 'don't cry', you know? You go out and you have a fight or whatever. You have to watch yourself, carry yourself in a certain way. It's tied in with the football, the way people play the game. It's just a toughness and it was needed at the time because that's what life was like. (Miguel, 46)*

When we consider Nick Hornby's account of becoming a fanatical football supporter, 'Fever Pitch' (1992), it is clear to see the social value of football has entered pop culture references. In this Hornby (1992) shows the ambivalent nature of sublimating emotion into football and although there was solidarity provided through this, it did not necessarily facilitate the capacity to reflect on or manage feelings. As described above by Miguel, football and sports in general are connected to the regulation and expression of emotion. In a way, this demonstrates metaphorical restrictions on emotional roles for men and women, discussed further in Chapter 8. Watching football is somewhere men cry, shout and join as a collective. It could be suggested that this counters characteristics of individualism and gender rigidity under neoliberalism.

Increasingly, voluntary sector organisations are embracing sports-based activities. Seven out of the 17 participants attended community football provisions, one was Paul. Paul experienced paranoia and hallucinations, and as was described in section 6.1.3, he also described himself as being in recovery from alcoholism which could be quite isolating. Engaging in a sports-based charity encouraged inclusivity and developing societal bonds, as Paul explained:

… the football, it's something positive… Just all them people who are written off by society, having a really good time and a good run about… I go to the football at least once a week, if I'm not playing, if I'm injured or something I still like to go and say hello – we're like a little family, the lads at footy. (Paul, 46)

There is no distinction in Paul's view of the people as 'written off' by society due to their status as mentally ill and as a 'little family'. This connection and shared understanding are vital to produce social capital; resources based on connections and group membership (Bourdieu, 1983). Engaging in sport was a proactive way to overcome the community centre closures (s.6.1.2) and complexities of the pub (s.6.1.3).

Duke previously worked as a sports coach and played football professionally. He has been diagnosed with PTSD, schizophrenia, depression and anxiety. He explained how he experienced engaging with a football charity for people experiencing mental illness:

It provided me something that I'd been missing in me life for quite a while. Happiness. The way I seen it, that two-hour session was an opportunity for me to take all of my worries, put them to one side and I can express myself for two hours and forget about it. Alright, I'll have to deal with it when the session finishes. But the two hours, it provided an outlet for me. To just express myself and just forget about, me troubles, em, after a while I started gaining more confidence so I started putting myself forward for tournaments… It was that feeling of, you know, 'I've got a purpose again'. You know? I felt useful, where I'd been, when I was quite unwell I felt useless. I felt like I had no purpose, that 'this was me forever', you know? (Duke, 31)

Duke's emotive description of his attendance serves to illustrate the value gained from '*a two-hour session*' where he connected with people that shared his experiences. He acknowledges that although this does not cause his conditions to disappear, it provides an outlet to express himself, develop his confidence and feel 'useful'. Duke continues:

I was inspired by the lads when I first went to [football charity] *because they were just openly talking to each other about their situations. Some were complaining about medication because it makes them tired, and I could... like I could understand because that was what I was going through. That gave me the confidence to engage in the conversation, so I was like, "aw yeah, them meds don't half knock you out," and then*

that's just kind of how it started and then being on the football pitch, showing what I'm capable of on the pitch... (Duke, 31)

As was described in section 6.1.2, one of the factors which fractured social capital was the stigma around mental health. Duke's testimony outlines how attending a football group has provided a safe space for fusing these fractures. Duke found it easier to talk about his experiences to his peers at football, as his skills on the pitch act as a form of protection of masculinity, demonstrating his ability as a sportsman. Garthwaite (2012) and Manji (2017) found IRB claimants would shy away from family and friends, to avoid revealing the extent of their pain and suffering or, at times, their claimant identity. This did not emerge directly in this study, however, perhaps it was occurring in an indirect way as participants actively sought out situations where they could spend time with others who shared a similar identity.

Here football, a regular feature of the participants' childhoods, can be a tool for peer support and human contact. An unwritten rule of respect on the football pitch facilitates the reduction of anxieties around disclosing mental health issues. David, previously a business owner, has struggled throughout his life with the stigma attached to his diagnosis of bipolar disorder. Subsequently, he has always felt isolated but his passion for football encouraged him to attend a mental health football charity five years ago. During our first interview, David shared a poignant reflection of the support he received:

… just the whole approach and meeting your fellow peers who have all had similar life experiences. You start to sort of realise that... 'wow, I am definitely not the only one'... at one point I used to think I was the only man who ever self-harmed. Didn't think men self-harmed, I thought it was only – because of the way it's portrayed I suppose in the media and TV and that – it's fourteen-year-old girls that self-harm. So, I always thought I was the only one. (David, 53)

The extracts above indicate that football is a holistic communication outlet. Hornby (1992) described this as a new medium to communicate, allowing people to talk when they wanted, with something to talk about, and days centring football gained structure and routine. Many of the participants appeared to engage in sport as a form of therapy, perhaps this is a legitimate way they can regain and rebuild lost masculinity stripped away from not working and being a stereotypical 'provider' (discussed further in Chapter 8).

The stories shared illustrate the ways that the isolation of experiencing mental illness can be countered through the sense of community created by football. MacDonald and Marsh (2005) note how 'bonding social capital' present in social networks can help to ameliorate the adversity of living in deprivation, which includes emotional support and friendship. Furthermore, the physical activity required is likely to be beneficial for participants' mental health.

> *And I think exercise, the football, and what have ya, certainly not for everyone but it works for me. Doing something, putting your energy into something, works. And you know, although I can do that, maybe I couldn't do a job, but, maybe that's a step towards mixing with people. You know, physically working, or you know, I think exercise is key for me. (Paul, 46)*

In Paul's consideration above, the positive effects of actively engaging in football is measured against his inability to work, which reflects the pressure of conditionality discussed in the next chapter. The laws of the football pitch are drawn more clearly than the DWP playing field. Paul's insight highlights the complexities of mental health and the inappropriateness of a welfare system in which your activities are being measured against your employability despite the often-unpredictable nature of mental illness. Miguel explains that when he feels mentally able, he can attend community football matches, however, he still feels like an outsider unable to attend mainstream matches due to the episodic nature of his condition:

> *I was offered the chance to go* [to a premier league football match] *but again, with the skills I've developed on what's right and what's wrong, I was like 'woah, if I go to that and I bump into people that I used to know at the footy and they're like 'what you up to now?' …I've gotta walk a different path and my brother went and I watched it at home on the TV. I would've loved to have gone, I don't get to go. (Miguel, 46)*

The above image is poignant in that Miguel's illness has led to him watching from the side-lines. It illustrates the cautiousness required for participants engaging in mental health self-care including identifying activities which would be hazardous to their recovery. Overall, participants engaged in sports activities positioned themselves as belonging to a local community. This did not extend to wider society where, arguably, their identities are at risk of being stigmatised.

Studies have looked at how austerity has impacted sport services and facilities (King, 2013; Parnell et al., 2015; Ramchandani, 2017; Widdop et al., 2017). There is limited empirical research about the impact of austerity policies in relation to sport (non-)participation of people living in poverty (Haudenhuyse, 2017). Haudenhuyse (2017) suggests this is in part due to the conceptual broadening of 'poverty'; the difficulty of measuring sport participation of people living in poverty; and reluctance of sport academics to use critical political analyses of austerity policy measures. Analysing sport participation survey data in the UK between 2008-2014, Widdop et al. (2017) found there was no significant sport participation for lower income 'hard-to-reach' groups. Being old, economically deprived, or living in a metropolitan area with high levels of economic deprivation were found to be the largest contributors to non-participation (ibid.). George and Chris' interviews explicitly detailed how austerity measures had halted their attendance at a football group.

> *Like I used to play football with* [Service Name] *… Because all the funding's been cut there's only one in* [Area Name]. *And I don't go, because it's too far for me, I don't feel confident in meself to go down there. Even when I go down there there's people I know and we all go down the pub for a pint and that. I don't feel confident enough to go there on me own. So at the moment I'm not doing any form of fitness or nothing. (Chris, 28)*

The closure and changing practices of sport centres is not unique to Liverpool, rather these changes are occurring across the country (Parnell et al., 2015). Reduced provisions necessitate, where possible, accessing alternative and unfamiliar services that require public transport; this resulted in financial barriers to participants and many felt unable to travel out of their local area without a support worker. Another service is available, however, both George and Chris feel unable to attend without support due to the distance of the location. Public transport is vital for maintaining social inclusion and maintaining vibrancy in low-income neighbourhoods (Lucas, 2013) yet the costs and reduced services render it largely inaccessible. Being unable to attend football prevents George and Chris from engaging with peers in wider social circles such as the pub, discussed in s.6.1.3.

> *But it wasn't mainly just for the football, it was seeing the lads. The lads was brilliant in the programme, and they've all got problems and you wouldn't think it if you went and watched them playing football… it teaches you to talk, and if you've got a problem they're there for you. (George, 49)*

Poverty and social exclusion from sport are inextricably linked and there is increasing evidence indicating that effects of austerity on sport and leisure provision are being disproportionately felt by disadvantaged communities (Hastings et al., 2013; Jones et al., 2015 Kenyon et al., 2018). Kenyon et al. (2018) found UK policies, which attempt to capitalise on the benefits that sport potentially offers well-being, are set against an incongruous backdrop of diminishing opportunities to participate, resulting from austerity-led reductions in public funding (Parnell et al., 2015). George's statement connects to the themes detailed in the opening discussion: George is experiencing fractures in social connections due to his mental health and austerity; he is seeking to fuse these through attendance at a sports group with other men with a similar background. George's emphasis on people attending the football group as appearing 'normal' reflects ideas that will be detailed further in the following chapter (s.7.2).

6.3 Conclusion

The aim of this chapter was to begin answering the research question 'how do men, who experience mental illness and claim incapacity-related benefits, negotiate the changing welfare system?' The first half demonstrated the ways in which participants' access to legitimate social capital has been restricted and social connections have been fractured. It detailed that through being unemployed, mentally ill and having few community resources the men's social position risks denigration. Consequently, social isolation stood out in the narratives shared. Socially excluded people have been hit the hardest by austerity policies due to cuts to welfare benefits alongside social services (Levitas, 2012; Garthwaite, 2013; Hasting et al., 2015; Cantillon, 2017) which has exacerbated isolation and experiences of poverty. In this study, this was characterised by reduced community facilities including day centres as well as local pubs.

The second section of this chapter detailed how the men in this study used sport and voluntary work to combat isolation. Shame evoked by living in poverty has the potential to emerge in every social interaction, to avoid this, scholars have suggested people withdraw from social interactions; which risks compromising social connections (Goffman, 1963; Chase and Walker, 2013). Scheff (2000) posited that acknowledged shame, could be the glue that holds relationships together: in the data gathered it was clear that participants sought environments where their status as unemployed and mentally ill was known, in fact, this helped fuse a connection with others. Participants had limited resources to deal with the unstructured environment of unemployment but expressed an eagerness to be engaged in a wider

community which provided a sense of social legitimacy. They defy the pejorative trope of the 'lazy, benefit scrounger' who is inactive or passive (see Chapter 3). Participants appeared to have an affinity for developing bonds with people like themselves and 'othering' (s.3.1.3.2) was not present. What was important in this study, highlighted in s.6.1 'fractured social capital', was that the opportunities to engage were disappearing.

Indeed, Putnam (1993) suggested it was only horizontal relationships, such as civic relationships in voluntary organisations, which produce social capital. In contrast vertical relationships such as between service user and provider are believed to destroy social capital because they "imply dependency that breeds mistrust among the clients as they vie for the favour of the patron" (Gelderblom, 2018, p.1312). In the circumstances described in this chapter (6), participants are in control and able to organically build connections. It is interesting that, in the process of IRB claiming, participants are increasingly reliant on voluntary sector agencies to access resources. The next chapter (7) will detail how the process of benefit claiming is experienced as disempowering and degrading to participants' identity. As will be further examined, the overarching argument of this thesis is that IRB claiming, for participants in this study, was a battle for legitimacy in identity. Within this battle, the increasingly conditional welfare system scrutinises the legitimacy of welfare claims based on health conditions and social activities, and thus puts claimants' deservingness of social security into question.

CHAPTER 7
NEGOTIATING LEGITIMACY

Introduction

Incapacity-related benefit receipt from an increasingly conditional social security system requires explicit evidence you are a legitimate claimant and therefore 'deserving'. Applying conditionality to social security denotes that people claiming need to adjust their behaviour and perform an 'appropriate' role. Demonstrated throughout this chapter, is the uncertainty and instability which this evokes for benefit claimants and how, consequently, a 'battle for legitimacy' ensues. This chapter illuminates how bureaucratic procedures, derived from neoliberal welfare reforms (see Chapter 2), are detrimental for people experiencing mental illness and risk re-traumatising them.

Divided into two parts, the first half of this chapter 'Beginning the Battle' describes initial access or contact with the benefit system and outlines participants' anticipations around the instability of the system (often characterised by welfare reform). This was reflected in participants' fear of correspondence from the DWP and the distress caused. Participants at the time of interview were not subject to welfare-to-work programmes or mandatory job search activities (see s.7.3), however, welfare receipt is conditional on passing assessments, this includes mandatory attendance at appointments. After assessment claimants are categorised into different groups within ESA and PIP with financial implications. As a result of multiple barriers and inaccessibility people felt deterred from seeking help, particularly without formal advocacy, which worsened difficult circumstances.

The second section explores how participants are expected to perform an identity which conveys they are 'sick enough' to receive financial support, their ability to do so determines if they are 'Winners' or 'Losers' of this metaphorical battle. Such neoliberal subjectivity intensifies individual responsibility and self-blame. Findings demonstrate how the requirement to comply with welfare processes, especially assessments, effectively forces claimants to discuss personal and sometimes traumatic experiences with assessors who may have little understanding of mental health. Further, this faceless assessors' judgement potentially carries major implications for their quality of life. This had a significant and destabilising effect on participants' mental health. Ultimately, this chapter will argue that engaging in this 'battle' for legitimacy risks causing further harm, including traumatising or re-traumatising people who are ill, however, the only alternative is reliance on family or poverty and destitution.

7.1 Beginning the Battle

> *'Cause I'm totally worrying, every time I get a letter through the door. Is this it? Is this it? And it's just horrible. (Chris, 28)*

Captured in Chris' words above is the anxiety felt around receiving post from the DWP which is characteristic of the 'fear of the brown envelope' phenomenon, a term coined to describe the anxiety evoked from DWP correspondence; an emerging finding in qualitative research described by both Garthwaite (2014, 2015, 2016) and Patrick (2014, 2017) (see also Schrecker and Bambra, 2015; Baumberg-Geiger, 2017). Here, 'fear of the brown envelope' emerged due to information inside being perceived as punitive and threatening. This was linked to expectations arising from conditionality, as Trent explained:

> *…they're telling you, if you're not there ten minutes before your interview, your money could be affected. It's always put there right at the top of the letter – "if you don't do this, don't do that, your benefits will be affected". So, they're threatening you right away. Does it have to be this threatening letter? That's what it feels like, what it looks like.*
>
> *Now people always – for people, especially with mental health issues,* [they feel] *no one knows how they feel. Then the letters just say well, 'they don't care, they're not bothered, they don't know what it's like'. (Trent, 63)*

Trent's narrative illustrates that for someone with severe and enduring mental health problems the 'conditional' welfare approach set to motivate or encourage, lacks sensitivity and raises anxiety. Consequently, for Trent and other participants, the Jobcentre was not viewed as a supportive service, but instead one which represented hostility and punishment.

Many participants had previously received letters requiring them to be re-assessed due to welfare reforms including migrating from Incapacity Benefit onto ESA and from DLA onto PIP. Hence, this correspondence also served as a reminder of previous assessments which were experienced negatively, often causing distress (explored further in s.7.3). Indeed, changes were anticipated, and the 'brown envelope' was impending again for participants due to the emergence of Universal Credit, a benefit being introduced to replace all means-tested working

age benefits (s.2.6). Due to be fully rolled out by September 2024, Universal Credit represented further welfare transitions and upheaval that participants were fearful of.

> *I do worry about me with Universal Credit, what's going to happen. You know I told you last week, that brown letter saying, "you know we wanna see ya" "assess ya". This, that and the other... That's why, you've got to worry about the future. Know what I mean? If you don't, you're going to end up in a trap and on the streets. That scares me, walking along Bold Street, where you see all them people begging. (Pablo, 52)*

> *See I'm worried now, and I've already started making meself ill about… I'm getting letters in the post about... Uh what is it called, the new benefit coming in? … 'Cause if I fall behind with me rent or something, I could lose the flat that means I've lost everything and end up on the streets or something… I can't not worry. Me sleeping, that's terrible. I can't sleep of a night. I'm up all night. (George, 49)*

As described in Chapter 5, fear and anxiety regarding shelter and stability was ever-present within narratives. In the extracts above, Pablo and George connect the transition onto Universal Credit with homelessness. Perhaps a realistic concern, as 12 out of 17 participants interviewed have experienced homelessness, including both men quoted above. For Pablo, who experiences depression, anxiety and substance dependency, his experience of homelessness was 12 years ago after being released from prison. For George, who is diagnosed with OCD and agoraphobia, his fear of homelessness stems from being evicted due to the spare room subsidy after the death of his mother, ten years prior to interview. Welfare reforms, particularly sanctions, which in turn disproportionately affect vulnerable groups including those experiencing mental illness, have been connected to the current homeless crisis (Stuckler and Basu, 2013; Reeve, 2017; Daly, 2018). The rising levels of which are evident when walking along many city centre streets in the UK, as is alluded to by Pablo.

Befitting technological advancements to the social security system, it is not just the brown envelope, but all correspondence with the Jobcentre that provoked stress. John and Trent were the two participants in this study that claim Universal Credit (Limited Capability to Work), their experiences highlight further anxieties about the new system:

… it's like now with the Universal Credit system, you've got to log on… That's another thing, even that is scary. I'll get a text, and it'll say I've got to go to the computer and log on and go to my to-do-list. … in that text, it'll say if I don't do this my benefits will be affected. (Trent, 63)

Be it a letter in a brown envelope, an email, a text, or telephone call, DWP correspondence places IRB claimants back into a vulnerable position of proving their legitimacy and evidencing their 'deservingness' of welfare receipt. If unsuccessful, they are at risk of hardship such as homelessness. The current government remains firmly committed to the claimant commitment model and reinforce this through Universal Credit. ESA claimants will have to accept a Claimant Commitment, subject to exemption, as a condition of entitlement when they migrate onto Universal Credit. John explained:

I thought Universal Credit you were just getting your money; you went in there once a month. They said, "no we'll call you in for a medical now, you just have to wait for it". It's like fucking hell, what is the Universal Credit? … So, every funny number I get on my phone [Groans*] ...It's petrifying though, I hate them. (John, 46)*

With conditionality as the organising principle of social security, participants were fearful that they would not be able to meet the increased expectations for welfare receipt. The Salvation Army (2020) released a report advising the government that half of benefit claimants surveyed in their research struggled to move on to Universal Credit due to their poor mental health. The report warned that millions of people risk being unable to access their benefits due to faults in the Universal Credit system and suggested better identification of vulnerable people and those with mental health issues (ibid.). Upon receiving a 'brown envelope' IRB claimants are required to carefully follow requirements set out by the DWP. If these are not adhered to, claimants are at risk of being sanctioned; sanctioning operates as an ever-present threat for non-compliance (see Chapter 3). Gerard, who has COPD, emphysema, deep vein thrombosis in both legs, depression and anxiety, explained:

If you turn up twenty minutes late, because you had to stop at the door to catch your breath, you're penalised… It's a long time to be penalised, just because you couldn't catch your breath to get there. (Gerard, 52)

Gerard's example above is a hypothetical scenario that captures the hopelessness he feels. In this study, the social security system (and subsequent reform) was not viewed of as a source of 'security', instead it was underpinned by a fear of hardship. This is arguably a matter of design: the fear is a negative incentive for those who claim benefits to question their legitimacy (see Chapter 3). Similarly, George who is diagnosed with pernicious anaemia, type 2 diabetes, hiatus hernia, high blood pressure, OCD, depression, anxiety, Tourette's syndrome and agoraphobia, was very fearful at the idea of leaving his home to visit the Jobcentre:

> *Because I am scared of going. If I got – I couldn't like, I couldn't go to a Jobcentre and things like that, I just couldn't do it. So, after losing my house, this is what I'm thinking – after losing my house because I couldn't afford Bedroom Tax and now I'm isolated in my flat, if I had a medical and they failed me, and they'd put me on Jobseekers to go to the Jobcentre, I would not attend because of me anxiety and stuff. I couldn't – I wouldn't… (George, 49)*

It could be suggested that fear of increased demands, which was perceived as a constant threat, denies security to the men in this study and consequently aggravates pre-existing mental illness. Indeed, feeling fear due to a system can cause trauma or risk re-traumatising someone who is in a period of recovery (similar findings emerged in Hansford et al., 2019). Participants were aware of the detrimental effect on their mental health and the risk associated. This is demonstrated by Paul, previously a self-employed plasterer, at the time of interview he had been receiving IRBs for eight years. Paul holds inner aspirations regarding returning to employment; however, he is frightened about the future due to the episodic nature of his mental health:

> *… they* [the DWP] *could ring me at any time and say, "right you're getting nothing", that worries me. Eh, I don't know, you've always got the fear with mental health of it all coming back and ending up back on the ward. You know, acute illness. So you worry about that happening again anyway…*

If they pull the money, and I had to work to survive, it's whether I could cope, you know? And all the good I'm getting, and the good place I'm getting to… all that, health wise, that could all go to shit overnight, and its shit that. (Paul, 46)

Paul and other participants' narratives capture the simultaneous anxieties of living with complex mental health needs alongside the subsequent conditional aspects of benefit claiming. It could be proposed that conditionality maintains claimants' vulnerabilities as there does not appear to be a point at which 'legitimacy' is settled one way or another. Receipt of social security does not necessarily support mental health recovery; although Paul has been assessed and awarded both ESA and PIP the instability of the system continues to provoke distress.

Apprehension concerning future reforms, demonstrated by all participants, highlights a growing awareness of the shifting policy context (Chapter 2) and a continuing withdrawal of support. This created an uncertain future which impacted upon participants' every-day reality. Worry and anxiety associated with welfare reforms for those directly affected is a consistent theme in the literature (Wood, 2012; Haux et al., 2012; Roberts et al., 2014; Lister, 2015; Patrick, 2015; Manji, 2017). While enduring worry and anxiety are increasingly an inevitable part of the human condition (Robson Scott, 2013) in the case of welfare reform, affected participants are concerned about something over which they have little or no control over.

7.1.2 Overcoming Barriers

Welfare changes and associated aspects of conditionality acted as a barrier to accessing DWP support. Participants, in insecure situations, felt hesitant to contact the Jobcentre for help believing it to be a tool to push people into employment. This is evident in George's description:

They [the Jobcentre] *don't give ya support. They give ya support back to work, but they know in their own head – you're not gonna get work... "We can just get you on this course for six weeks, and your money's gonna be stopped…", whatever it is. You're definitely not gonna get a job after that. No – not a chance in the world. (George, 49)*

Many of the men in this study had previously, or still were, experiencing adverse circumstances alongside their mental illness. For Gerard, who had experienced past trauma, homelessness, and dependency on heroin for several years; holistic support was required to

meet his complex needs. Yet after seeking help, which was extremely difficult to do, services appeared to be aimed at support into employment.

> *I do a mental health referral and get sent on a training course about how to use a computer, how does that work for me mental health? (Gerard, 52)*

The DWPs role is supporting people to return to the labour market, irrespective of their limitations due to their mental health, physical health, precarious housing and substance dependency. Tony experienced years of domestic abuse and his ex-partner attempted to murder him, the injuries he sustained meant that he was unable to work. Tony attempted suicide and was detained under the Mental Health Act. Later he was discharged and moved in with a relative who then unexpectedly died. Yet for Tony, the Jobcentre was not an option, becoming increasingly dependent on alcohol, he explained:

> *It just got worse and worse and I started begging in town, because… em, the thought of going to the Jobcentre and signing on and doing job searches and all of that… eh, you're homeless, no one's going to give you a fucking job, what's the point? You're on the street. (Tony, 34)*

Tony and Gerard's narratives, shared above, demonstrate a disconnect in services which fail to recognise the dual diagnosis of mental health and substance misuse and associated complexities. As previously mentioned, addiction was a common experience, 12 out of 17 participants had experienced issues with substance dependency. These complexities can be justified by some as personal failings which fuels the 'undeserving' benefit claimant trope. Deterred from seeking support from the DWP due to their perceived punitive approach, in various circumstances participants had opted to beg on the streets, to sleep rough, depend on charity or to commit crime.

Research has suggested that conditionality procedures put those at risk of social exclusion, further at risk (Reeves and Loopstra, 2017; Dwyer et al., 2019). Although participants are not subject to the same extended conditionality regime as those found 'Fit for Work' or placed into WRAG, its impact and policy intention was undoubtedly felt. Trent explained that the DWP's 'pull yourself together' attitude pushes people who need support from the social security system further away:

I didn't answer the letters, that's why I didn't turn up for appointments so that affected my benefits. I didn't want to answer the phone and listen to Vivaldi's Four Seasons for God knows how long, because I'm in addiction. I'm suffering, and I'm in pain, and to block that pain all I'm worried about is my drinking. I'd go to any lengths to do that, so if they stop my benefits, for anybody in addiction, you'll steal, you'll manipulate, you'll borrow money… (Trent, 63)

In Trent's illustration of the complexity of addiction and mental health above, he recognises that his behaviour poses him with a direct threat of being sanctioned. With this testimony in mind, it is unsurprising that people with mental health problems are at high risk of being sanctioned (Loopstra and Reeves, 2017). Overcoming their anxieties and mental distress to contact the DWP was an issue for many of the men in this study. When they attempted to do so, participants described it as demeaning to be left for extended periods 'on hold' and some believed this to be an intentional part of the process. Others cited being unable to access a mobile phone, not having credit and not having the mental tolerance required to contact the DWP. The choice of music was also mocked by participants and, after 14 years, this music has now been changed by the DWP after experts by experience discussed how it was a form of "aural torture" (Butler, 2020, unpaginated).

7.1.3 Advocacy to Access

Every participant in this research demonstrated confusion regarding the system and their entitlements. This was often at a very basic level, with some unable to name the benefit they were in receipt of. Such uncertainty prompted a lack of confidence and risks contributing to a sense of powerlessness. Furthermore, advocacy was necessary; participants expressed the importance of having separate support in place to access benefits. This was often in the form of a voluntary sector worker or a family member, who could bridge the gap of knowledge and advocate for benefit entitlements on a participant's behalf.

Your benefits side I am panicked about them. Because I don't know who can help me with them forms or anything. 'Cause I haven't got no family and, em, 'cause I'm really isolated again. (George, 49)

Indeed, it was understood that you could not evidence your 'deservingness' or legitimate need for benefits without advocacy. As Chapter 5 demonstrates alongside a mental health diagnosis, each participant has complex, varying circumstances. For example, out of the seventeen participants; seven had physical health problems, six had caring responsibilities, four had no educational attainment, two had learning difficulties, twelve had issues with substances and twelve had experienced homelessness.

The 2018 Select Committee report on PIP and ESA assessments concluded that a "sizeable minority" of claimants experience significant problems with the application process, and that a "deficit of confidence" in the process adds to claimants' distress (House of Commons Work and Pensions Committee 2018, p.48). One participant, Pete, returned to England after surviving several years of modern slavery and detailed his struggle re-applying for benefits:

> *It's, it's like walking through a field that's riddled with mines sometimes. Some people, the people that put the mines there, they know how to walk through it. But then the people that just get pointed to "that person in that building", they don't know where the mines are, so they're going in there blindfolded. (Pete, 38)*

This powerful metaphor captures the hostility faced and the determination required to access support for those unable to mobilise social capital. There was a lack of guidance, structure and signposting regarding accessing help and as was previously identified, support services are diminishing. For Pete, who is illiterate, a major issue was that many of the voluntary sector advice groups no longer have the resources to provide help, but he felt 'lucky' that a volunteer at the foodbank he attends supported him with the forms. Difficulty of accessing benefits and necessary assistance from a third party was shared by all participants. The participants in this study conceptualised the support they had received as critical.

DWP forms, such as capability for work questionnaires, emerged in interviews as a significant cause of stress and a barrier to receiving support. Firstly, some participants described how the style of questioning made them feel like they are being tested to expose them as 'undeserving'. Gerard explained:

> *I don't know if it's to catch you out, or just to re-inform the information, but you can answer one question, go up two, three pages on the form that you are filling in, and be*

asked the same question four, five times in a different way. The answer must always be the same or something's wrong. (Gerard, 52)

Like Gerard, many participants shared the belief that DWP forms are created to be deliberately misleading. This viewpoint suggests participants believe that the DWP intentionally create barriers due to reluctance from the government to provide money to 'underserving' people and further outlines the suspicious and pejorative perceptions this group feel are held about them. Participants' knowledge of IRBs was predominantly from media coverage. It has been noted that popular media has had a stark rise in stories which are scornful of, and vilify benefit claimants (Chapter 3), therefore it is likely the media the men in this study consume suggests their integrity is being questioned. Increased complexity of DWP forms further instils a presumed fraudulency of claimants and the view that those completing them are undeserving until they can navigate these barriers. None of the participants felt capable of completing forms alone and all required support, which is increasingly difficult in the backdrop of austerity, highlighted in the previous chapter.

Someone who had actually filled them in, had to help me with them in. And show me, "ah you don't do – no, no, gotta use a black pen" and all that. All the in's and out's. So they just do it to set you back, so they don't have to give you money right away, stuff like that. It just makes me laugh, someone must be employed, to do that…

If people weren't there to help me fill the forms in, I wouldn't have a clue. Good job I got the right help off the right people. Because I realise I could've ended up on the streets. [Laughs]. *Which I don't want to ever do that again that was horrific. (Bob, 58)*

Ending his sentence on "horrific", Bob is unable to dwell further on the repercussions if he did not have support and was unable to access IRBs. His experiences reflect the continued fear of destitution present in participants' narratives. Such findings suggest that the rigour of an increasingly neoliberal benefit system enforces the highest standards of demonstrating sickness, from filling in complex forms – to your appearance at an assessment. This has simultaneously led to an industry of people in place to support marginalised people to navigate the system and negotiate barriers. This is explained by Trent,

I got a letter saying, eh, "you're gonna be assessed". Life's OK, I'm surviving, you

know? Bills are getting paid; I'm just keeping me head above water. So the first thing is, "that's it, they're gonna put me money down", "all the stuff I've got involved in with volunteering, that's gonna have to go, I'll have to do this, what they tell me, job searches and all this". So, you know, panicking again. Em, the thing is you're still vulnerable because although you're doing well in your recovery you're still on that journey.

This has been my experience, a lot of people relapse and they go right back into the system. They go back into treatment centres, they end up drinking… so if you think of all of the services they drain because of the approach from the welfare system… if they change the approach. But it's always right at the top of that letter, "if you don't do this, your benefits will be stopped", it's like a threat, people panic instantly. (Trent, 63)

The extract from Trent above provides an excellent insight into the way in which participants suspected that the DWP was not there to offer care but instead was a source of punishment which could detrimentally impact mental health. This was evidenced throughout the data collected and leads us to exploring the assessment process further in the following section.

7.2 Assessment: Winners and Losers

Many of the participants had been required to attend a Work Capability Assessment (WCA) this is a necessary part of receiving IRBs, introduced in 2008 (others have had their eligibility assessed to receive PIP). There is a significant body of research evidencing the flaws and shortcomings of the WCA, such as it wrongly finding people 'Fit for Work' (detailed in s.3.2.1.2). Alongside a growing awareness of the tenor and pace of welfare reform and its overall goal to significantly reduce welfare expenditure, participants referred to the system becoming more difficult to understand and navigate. John describes his experiences of the IB-ESA migratory process:

… like I say, that [initial assessment] *was plain sailing. Then… I forget the name of that French company that come in, ASOS? ATOS? They come in, and I was warned, "they're bastards, they're this, they're that". "Ah I can walk through this!" …When these come in, it was like, letter through the door, 'we're sorry to inform you – you're declined, zero points'. So I kept going to them, going to them.* [Yawn] *(John, 40)*

The DWP uses third-party contractors to provide assessments. As is acknowledged by John above, it was previously Atos, but Maximus has held the main medical services contract under which assessments are carried out for various benefits including ESA and UC since March 2015 (House of Commons, 2019). PIP assessments are carried out under separate contracts; Atos hold contracts for Northern England, London and Southern England; Capita holds the contract covering Central England (ibid.). Under the points-based system a person is required to evidence how incapable of work they are, to be categorised into a group which will provide them with the most appropriate support. IRB claimants may be placed in the ESA Support Group or WRAG, they may also be in receipt of PIP, or Universal Credit (Limited Capability to Work) (see Chapter 2). For those unsuccessful in IRB applications, the next step is to challenge this decision. The outcome of these new divisions, and the resulting confusion starkly contrasts with participants' need for and attempts to create certainty, stability and routine, expressed in Chapter 5. Here the apprehension is manifested as a fear of failure and 'losing', an emerging theme within participant's narratives and is symbolic of a neoliberal divisiveness.

It is common for people to construe themselves as 'failing' the medical when they are found 'Fit for Work'; this is perhaps partially because the medical assessor's judgement fails to fit with that of the individual being assessed (Adams et al., 2011). As is highlighted in the table below, where participants disputed the initial ESA decision they appealed and challenged it, demonstrating active resistance to officials' judgements and classification (Patrick, 2015). The battle emerging, for claimants, is to challenge and reverse a decision incorrectly made about their legitimacy. Indeed, the active agency and considerable hard work involved in making these appeals arguably counters the notion of a passive benefit claimant, particularly when we consider the multitude of barriers people face, some of which were detailed previously.

Figure 4: Participants experiences and outcomes of assessment

Not had face-to-face assessment	Had face-to-face assessment	Happy with outcome	Appealed	Current Benefit
Kenny				ESA SG
George				ESA SG
Tony				ESA SG
	James	Yes	No	ESA SG
	Bob	Yes	No	ESA SG
	Pablo	Yes	No	ESA SG
	Barry	Yes	No	PIP
	David	Yes	No	PIP
	Duke	Yes	No	ESA SG/ PIP
	Pete	No	Yes	ESA SG
	Gerard	No	Yes	ESA SG
	Trent	No	Yes	UC (LCW)
	Louis	No	Yes	ESA SG
	John	No	Yes	UC (LWC)
	Miguel	No	Yes	ESA SG
	Paul	No	Yes	ESA SG/ PIP (reduced rate)
	Chris	No	Yes	ESA SG

The work of challenging benefit decisions is time intensive, emotionally draining and requires considerable energy and resilience. For Chris, who experiences depression, anxiety and has a diagnosis of Asperger's Syndrome, this experience was traumatic. Chris had been assessed for ESA, been rejected, appealed and had this overturned. At the time of interview, this had been an ongoing process over the course of four years, during which Chris relied heavily on family emotionally and financially. Chris explained his appeal tribunal for ESA:

> *Pheoow. Well you go in; they treat you like a criminal. You go in, and obviously you've had to empty your pockets going through the beep beepers and all that. Then when*

you get through there, you've gotta get patted down. Then you've gotta go wait in a room until you get called up. Then you've gotta wait outside the court room, til you're called in. And you're looking around and you see people and you're going, "you should be at home in bed". And you wait outside and as much as your problems are bad, other people's problems are worse and you kinda feel guilty. Yeah, you kinda feel guilty. They make you… the place makes you feel guilty. Like, "should I be claiming these benefits when there's people like this?" And you've got to say to yourself, but like my problems are up in me head, my problems aren't as much… you can't see my problems, well you can at times. But, I don't know, it's horrible.

Then you go to the tribunal and you sit down, the judge wasn't too bad actually but the doctor is just firing questions at ya. Like "why can't you do this, why can't you do that?" Yeah, try best to answer them, but I was breaking down all the time like. (Chris, 28)

Chris provides a deeply emotive analogy of feeling criminalised by the benefit system; an experience shared by other participants of being 'on trial' to prove legitimacy as a welfare recipient. His experience is one of disempowerment and intimidation and begins to touch upon the complexity of portraying yourself as a 'deserving' claimant when the 'problems' are in your 'head'. Presenting as 'normal' often led participants to feel their mental illness was overlooked and ignored (and is discussed in s.7.4). As if in competition, participants commonly expressed and defended their need for welfare but their desire to eventually 'get off it' and it to be given to someone else. Despite this defence, participants expressed feelings of 'guilt' founded on the belief that by receiving benefits they were taking money that could be given to a person in more 'legitimate' need.

Word-of-mouth communications about welfare reform, while being important sources of information, also added to existing anxiety and nervousness around forthcoming benefit changes; particularly where rumours included the suggestion that ever harsher and more punitive changes were being introduced. Some participants shared stories they had heard of ways to behave in the assessment to keep their IRB. Perhaps due to the stereotype often portrayed of benefit claimants being dishonest or 'cheating the system', participants shared these anecdotes to me whilst also stressing that they were truthful to assessors. Some commented on advice they had been given to exaggerate or be deceitful but emphasised their honesty when 'on trial'. This is demonstrated in an excerpt from George:

And people say, "go in and do this", "wet yourself", and you think, "why? Why do that?" Just go in and tell them truth, how you're really feeling. I've heard so many different stories. I'm not gonna lie when I've a medical, I'll tell them everything. I'll take my medical report and everything. I'll just, I'll- I'm just gonna be honest. (George, 49)

At face-to-face assessment IRB claimants are expected to evidence their illness and legitimacy. Barry, who is a frontline social worker, was in a unique position to other participants in that he attended many assessments and tribunals as an advocate in a professional capacity. Yet Barry relies on support from his father at DWP appointments. At his most recent assessment, Barry's father was unable to attend and Barry went unaccompanied:

I went on me own but obviously I'd provided all the information and I was stressed out to death to be fair, going on me own. I just thought, "it is what it is", just explained everything to them and stuff like that. Everything was backed up in me notes, know what I mean, so I couldn't fabricate any information and stuff. Because obviously I'm under the mental health team…

I'm thinking, if I lose that money, will I be able to afford – [to] *keep myself, not mentally stable, but just maintain that support network around me… (Barry, 34)*

Barry's tone is defensive, his language illustrates how claimants believe they are viewed as 'guilty' of fabricating illness with assessments proving their 'innocence': their legitimacy. Although he was prepared with the necessary paperwork and aware of his entitlement, Barry still expressed fear of things not going to plan, mindful of the detrimental impact this would have on his wellbeing. Descriptions of the DWP assessment processes follow a similar pattern of clinical environments with nothing personable. In Miguel's description below he confidently asserts the ways he could act to achieve a beneficial outcome at his assessment, this adjustment to his behaviour is necessary because he is on 'trial' to evidence his legitimacy.

There's like a panel of people. Complete strangers. Experts or whatever. All of a sudden, you go in and they're asking about you and it's like… "what do you do?" This is a question for people, so, what should I – someone like me do? Who's like, fucking a year ago, I was like you. They're asking because they're sitting in judgement. It's

clear they've got all the information, as in, "this person has just gone into hospital, psychotic", so I think there's actually no need for this sort of thing…

I could blag it a bit more because I could throw in names like, "oh well I was working for this company", changed my voice a little bit and speak to an audience… it feels like you're on trial, that's what happens to people. (Miguel, 46)

Highlighting the performative nature of the assessment process, Miguel's experience of being able to 'blag it' by namedropping executives is incredibly rare in comparison to other claimants. Yet, despite his previous high-status Miguel's feeling of being 'on trial' is consistent with others. All of the men in this study described their experiences of assessments negatively, with the worrisome and superficial nature of the interaction frequently mentioned:

...it's still a shock to the system having to go in and get this horrible weird interview. Didn't enjoy it one bit, I really felt... I just felt they were asking questions and I'm thinking, 'what difference does it make?' You know? (David, 53)

Furthermore, because of fear of the process, it emerged that participants withheld information pertaining their mental health. The stigma which still surrounds mental illness caused people to downplay their experiences for fear of being judged and in the worst-case scenario, being detained. As is demonstrated in the narratives of Bob and Duke, this was heightened by the assessor being a "stranger":

Yeah, I'm always telling the truth… It's embarrassing though, telling a stranger, you know, all stuff like that. At first, I was thinking, "I can't tell them everything", you know because, what if they lock me up, know what I mean? … It was nerve wracking like. I was thinking, "woah, I'll get locked up in a nutty home." (Bob, 58)

People can leave assessments feeling devalued and with a lower sense of self if they are unable to communicate their genuine feelings. Fear of self-disclosing mental health problems to unfamiliar professionals, in an environment created to assess your legitimacy and 'deservingness' of benefits, risks evoking past trauma for claimants. Nine out of the 17 participants had been detained for extended periods under the Mental Health Act. One of

whom was Duke, who made direct links between the assessment process and medical interventions:

> *I felt like really nervous and shy and I was reluctant to speak. I felt like emotionally drained after it because I hadn't been confident for a long time and I hadn't been in that situation. That person was a stranger to me, I didn't know who they were, so that's what I mean by I felt a bit like – you know, like a spotlight was on me…*
>
> *I felt like a guinea pig 'cause people were asking me certain questions and I felt like I was being experimented on. That's what it felt like to me. Sort of similar to when you start medication. You know, when you're on medication it doesn't necessarily mean it's gonna work straight away, so you kind of feel a little bit like a guinea pig. (Duke, 31).*

The "spotlight" described above portrays the assessors to be an unfamiliar and faceless entity. Being forced to articulate distress to a stranger in this clinical environment required participants to abandon protective measures they normally adopted, which risks causing trauma. Participants accounts also often captured a defeatist attitude towards the outcome of their assessment. In a sense, with such an imbalanced power structure and an assumed stigma against them, perhaps they are defeated before their 'battle' for legitimacy begins:

> *Your nerves go. It's not right. I'm not nervous because I'm scared, I'm just nervous because – well I am scared obviously – it's like anxious and sweating and all of that. It's horrible, it's horrible. And then they still knock you back... Yeah, medicals. I was fully blown gone, not just the ale – how depressed I was... And I thought, "yeah I've passed it", it comes back, "no points" – I thought fuck off. I'd done my best. (John, 40)*

John's description above encapsulates the physical and emotional impact that the assessment process had on him personally. When explaining this during the interview he maintained eye contact with me, shaking his head on his reiteration of "horrible". In this short extract John explains that as well as being physically dependent on alcohol at the time (and street homeless) he also shared details to the assessor about his depression. Yet the performance in which he had 'done' his 'best' was not sufficient to be viewed as legitimate and John experienced further rejection.

Findings in this research demonstrate that processes within the benefit system are experienced as demeaning and are internalised on a greater personal level than we may perhaps expect. In Chris' case, a DWP representative failed to attend his appeal tribunal hearing and the panel consisted of a judge and doctor, he explained:

> *…the DWP are the ones who are turning me down for this, yet they can't even be arsed to show their face. Put their side of the argument. I'd like for them to tell me why they didn't think I deserved being awarded me benefits. I would've much rather them be there and gone to me, and fire questions at me about my life. So I could tell them straight.* [Nodding, wiping eyes, crying] *(Chris, 28)*

Above, the DWP are a faceless entity in a more literal sense, they exert power over Chris' life, demonstrating how unfair this 'battle' can be as he is unable to defend himself to them. In Chris' case he felt degraded by a representative of the DWPs failure to attend. Similar experiences were shared by other participants, such as assessors being unavailable, in addition to long delays for appointments, on the telephone and at the Jobcentre. The hypocrisy of which was stressed by participants as unpunctuality or failure to attend an appointment would have grave consequences for them.

Another example of 'failing' the medical was shared by Pete who was claiming ESA for depression:

> *…you're a number you're not a person. They weren't asking the right questions and I left the medical feeling like it was a waste of time… Eh, it did make me feel suicidal. I just... must have been walking around on autopilot because I didn't know... I felt numb. I didn't know what to do, how to go about things because the benefits had changed. They don't think about people's mental health side of things when they're doing this to people. When the money was stopped I was relying on friends, family, charities. (Pete, 38)*

Pete's experience captures how the process can impact on mental health in a profound and direct way. It is important to consider that pain, mental or physical, is a very personal experience. Participants expressed frustration at the inappropriateness of the assessment for those experiencing mental health problems, discussed further in the next section.

7.2.1 Doctor's Orders?

To 'win' an assessment or appeal, participants were required to demonstrate that they are a legitimate IRB claimant. Concerns regarding appropriateness of DWP assessing mental illness has been raised by others (O'Hara, 2014; Marks, 2017; Hansford et al., 2019; Dwyer et al., 2020). As mental illness is not easily visible to others, the question of 'how does one perform appropriately as mentally ill?' emerged in this study. There was an undoubtable pressure to 'do your best' and prove how much pain you are in as part of the authoritarian paternalist intervention. Narratives shared by the men in this study suggested that they did not believe their mental health was taken seriously by assessors. Gerard explained:

> *On the day* [of assessment]*, if you don't feel well, you might not turn up to it, but if you do that you're penalised again. I find it crazy... the mountain of evidence that you can bring to an assessment, a medical assessment from the DWP, and only be judged on how you are, at that time of day. If you feel confident, or sound confident, well then you lose it, you don't get no points* [sic]*. You know? You could go out, lock the door behind you, and see no one for twelve months, but that does not concern their consideration. (Gerard, 52)*

Gerard's description above brings attention to the nebulous, personal and subjective experience that mental illness is and the difficulty of describing it. Gerard, and other participants, are in a position where their integrity is being challenged and not being understood contributes to the stigma of the benefit process. It raises the question, under increasingly neoliberal social security system (see Chapter 2), is an enduring mental health condition a legitimate reason to seek support? Nominally it is, but realistically the people at the margins are having to work hard to prove it and rework their identities. The inherent performativity of the assessment process and requirement to present as 'mentally ill' as possible is problematic when mental illness is arguably intangible.

> *With mental health, you might have a good day, but you might have six bad days. It's unpredictable. Just because you can do something, doesn't mean you can do that day in, day out, or whatever. Mental health is quite unique. It's a unique disability, there is no consistency. You can't just say, "this is this and that is that" because it might be*

totally different the next hour. It's a hard one to police I suppose, mental health, but certainly the way they're doing it, 'right that's it', that's brutal, you know? (Paul, 49)

Paul's emphasis above on the unpredictable nature of mental health is connected to evidencing how his condition prevents him from being able to maintain employment. This is juxtaposed with the way that DWP processes seek to measure or "police" it. George explained:

…you feel like you've got to try and convince them [the DWP] *that you're not well, when you've not been well for years or whatever, and you've seen doctors and psychiatrists and support workers and you've got all your history, you're going to the GP, you've got your medication and you've got to convince them, how? It doesn't make sense…*

It's not so much the medical, it's like, it's trying to convince them that you're not well. Is your doctor the liar? Is your psychiatrist a liar? For over twelve years have you been a liar? Like I said before, you go in with a broken arm: OK, you go on the sick. They know "on the sick for four months" – you're gonna be better. Mental health... who's to say, maybe you're only gonna get worse, or you are gonna get better? But, I think they just judge how you look. (George, 49)

Crucially what George outlines is that you must "convince" a stranger, despite having a detailed, medical history recorded. The discounting of medical evidence in the WCA reflects a wider refocusing towards individual attitudes as factors for illness (Shakespeare et al., 2017). The aim of the WCA is to determine the extent to which a person can undertake activities. For physical assessment this includes standing and sitting, reaching and continence. Activities relevant to the mental, cognitive and intellectual function assessment include learning tasks, coping with change, coping with social engagement, etc. David, like George above, explained the distinction in evidencing and understanding mental illness:

For physical illnesses it's so much easier because they're easily understood. "My leg doesn't work, I can't walk one hundred yards". When you say, "I can't cross the road because my anxiety attacks". You think you're stuck there forever. Well, obviously you're not – at some point, you can cross the road, but they don't understand an anxiety attack… (David, 53)

Having to emphasise how debilitating your mental illness is, creates personal conflict for some participants. Messages from wider society frequently depict being mentally ill and claiming benefits as stigmatising behaviours. The label of being 'mentally ill' is highly stigmatised and the men interviewed increasingly sought to move away from this, especially as part of their recovery. David describes this as being unable to walk across the road due to physical barriers is accepted, however, anxiety attacks preventing this is far less likely to be understood. David explained that he had experienced people in the past telling him to "grow a pair", demonstrating how mental illness can be wrongly construed as a female issue.

As was explored in Chapter 2, IRBs have shifted from eligibility being decided by a claimants' GP to a 'DWP Decision Maker'. The DWP Decision Maker's role is to consider all available evidence including the questionnaire, accompanying evidence from the claimant/ provided by their doctor, in addition to the report provided by Maximus. Many of the men in this study expressed grave concerns that the people conducting assessments, medicals and appeals were inappropriate which further aggravated their anxieties. This was mentioned implicitly in statements such as David's above where he explains, "*they don't understand an anxiety attack*…" For others, such as Chris it was more explicit, as his claim for PIP based on his depression, anxiety and Asperger's Syndrome and was assessed by a physiotherapist, "*You tell me what a physio knows about mental health? I wasn't too convinced when I left there that I was gonna get it."* Chris was not awarded PIP and at the time of interview was appealing this decision.

Similarly, Gerard, who has multiple complex mental and physical health needs, including anxiety, depression, DVT in both legs and COPD was deemed 'Fit for Work'. He, like many others was sceptical about the knowledge base and experience of those conducting assessments, he explained:

> *I can't understand how someone who's done six hours training on how to speak to someone, or how to go through a document can make a judgment on who's fit for work and who's not... it's just done by someone who's been contracted out by the government. They've done a two-day training course or something like that, and all of a sudden, they're making decisions on people's lives that can change their lives disastrously, as well as better…*
>
> *Surely, it's got to be evidence-based, rather than 'judgement on the day based' by someone who's got no medical training, or even physical training on disabilities, telling*

you that you're okay and you're fit for work? It's disgusting actually. It's disgusting. It's degrading. It is. It can be very off putting, and if you try to argue your case with them, they can turn around and say you're being aggressive, and terminate the assessment straight away… (Gerard, 52)

As with the aspects of the process previously detailed, Gerard's testimony helps to capture how detrimental and disempowering the process can be. Gerard's opening statement beginning with "surely" stood out in his speech, he struggles to accept his previous assertions about assessors and is trying to rationalise an unfair situation. Due to a negative outcome, several participants had spent time relying on family or charity provisions, seven out of 17 had accessed a foodbank. This again reflects the emergence of an industry of people in place to support marginalised people to navigate the system and negotiate barriers, discussed at the beginning of this chapter. Given the energy, efforts and resources required to challenge government decisions about benefit eligibility, there are also questions about whether claimants who are unable to access any support can manage.

These findings correlate with a detailed report published by Rethink Mental Illness in (2017), drawing on a series of interviews and a focus group-style discussion with people with personal experience of the WCA and of mental illness. The report determined that assessments can be "traumatising and anxiety-inducing" for numerous reasons (Rethink Mental Illness, 2017, p.7). These included: the complexity, length and inflexible nature of questions, the requirement for claimants to collect their own medical evidence and that staff who perform face-to-face assessments often have a poor understanding of mental illnesses (ibid.). The Rethink report concluded that the current PIP and ESA assessment procedures "inherently discriminate against people with mental illnesses" (ibid., p.18).

7.2.2 Who Throws the 'Safety Net'?

"…there's got to be a safety net, and you can't put holes in the safety net." (Gerard)

A reliance on others, when attempting to overcome powerlessness and an absence of control within the benefit system, is quite contradictory, however, it was present in all accounts and across the three findings chapters. Below, Pablo describes that although he was 'lucky' to have support at his assessment, this was still a traumatic experience due to the implications of losing, what many participants referred to as, 'the safety net'. The safety net was not the welfare state, which we may naturally assume, particularly as participants are IRB claimants

and therefore deemed more vulnerable. The welfare state's net had holes that people fell through. Instead, the safety net which was the voluntary sector workers who could advocate for vulnerable and marginalised people to ensure they received welfare provisions which they are legally entitled to.

> *Lucky enough I've had help where I've took someone with me to be with me to help me through it, know what I mean? Because you know I can't imagine being on my own what I'd be like… The threat of getting that taken away from me, it's like going to the lion's den, going in front of the assessor. They've got your life and they can tick 'yay' or 'nay'. You know, they've got your life in their hands and all that goes on after that. You know what I mean... It's fucking really scary. (Pablo, 52)*

For many participants it was not only the experience of the IRB-related appointment that intensified their mental health issues, but the stress that they felt during the period leading up to and after it. This was exacerbated when they were uncertain of who could advocate for them on the day. Several participants expressed apprehension about the transition onto Universal Credit, including uncertainty about how they would cope financially and emotionally (especially when witnessing a reduction in community resources to avail of – detailed in Chapter 6) which tended to lead towards suicidal thoughts.

On the day he was required to attend his medical assessment, Paul learned that his voluntary sector worker was unable to support him. He described the assessment and how this was used by assessors to counter his claim for IRBs:

> *I went in in a flap, I was going, "… eh – so I've had to come in on my own 'cause I didn't wanna miss it" and all that. And that straight away, that went against me. In the letter they said, "you're saying you need support but on the contrary you came here on your own". They said, "you looked hydrated, you looked well fed…" you know?*
>
> *And I'm thinking… but that doesn't make me well, you can be mentally ill and hydrated. (Paul, 46)*

Indeed, as Paul exemplifies, some of the participants were still fighting in the 'battle' for legitimacy and were at constant risk of relapse and re-trauma. If Paul had not attended

because he was unsupported, he would risk his IRB payments being ceased. Paul was not able to appropriately convey his legitimate identity when his physical appearance was not what the assessor on the day believed a mentally ill person should present.

Critically, through challenging or appealing benefit decisions, the participants in this study typically experienced significant improvements in their circumstances in relation to benefit entitlement. This led to them feeling 'lucky' that their appeal led to having their money reinstated. Yet many had acquired debt while waiting. This happened to Pete, after re-appealing he was re-awarded ESA, however, the previous sanction had resulted in him becoming homeless as he was unable to pay rent to his private landlord. Now living in a homeless shelter Pete explained:

> *It's not like you can sue the Jobcentre because they've made me lose that two-bedroom house, and because they've sanctioned my money, I've got kicked out. I can't get, I can't get reimbursed on the stress that it's caused me. (Pete, 38)*

Indeed, the story of achieving a legitimate status as an IRB claimant does not end after the benefit is approved or reinstated. What is perhaps, the most insidious aspect of conditionality is that there is a continual cycle of insecurity, where people feel their benefit is under constant threat. Under the current climate of welfare reform and impending Universal Credit, anxieties are not alleviated, and these undoubtedly impacted on health.

Despite this, participants continued to demonstrate active agency and considerable hard work in claiming IRBs. This arguably serves yet another counter to the notion of passive and inactive benefit claimants also highlighted by Patrick (2015). Miguel was found 'Fit for Work' on the same day he was sectioned under the Mental Health Act. After reassessment Miguel's ESA was reinstated and at interview, he had been in receipt of IRBs for 10 years. He stated:

> *I decided I'm gonna survive somehow, whatever the future holds, just for me own personal satisfaction. I won't let them, won't let them win, sort of thing. All of this, all of the changes that eh, the system runs and things – I'm not gonna let them beat me. But I know it's taken down people who can't maybe manage as well and that annoys me. (Miguel, 46)*

Miguel's testimony captures the resistance many of the participants shared, arguably as a result of government activation policies which mean that legitimacy is never guaranteed. It begs the question, does the system truly let people with mental health needs recover? Under constant worries of financial instability, the rug can be pulled at any time. Ultimately, you need good mental health to be able to be engaged in the labour market, more so where you are seeking to return after being long-term sick and/or disabled, yet this is difficult to achieve when you do not feel supported. The men interviewed shared experiences in which their identity is being questioned and scrutinised, from the 'brown envelope' and beyond their lives are shaped in proving that they are legitimate in their identity as IRB claimants. It seems the most cruel and damaging aspect of this 'battle' is that it cannot be truly 'won' but it can, and must, be challenged.

7.3 Conclusion

This chapter reveals how participants manage within a neoliberal welfare regime that actively defines their legitimacy in terms of their (in)ability to work and their mental illness. It found the men in this study described a daily routine filled with fear and insecurity with conditionality aggravating feelings of powerlessness. Findings demonstrate the serious mental distress that social security protocols can provoke such as reduced self-worth and episodic trauma (reflecting work by Marks et al., 2017). This trauma could be understood to be what Cooper and Whyte (2017, p.23) describe as "institutional violence": this is described as the bureaucratised face of violence which is "administered through legitimate means". Crucially, the fear evoked by the underlying expectation to prove you are a 'deserving' and legitimate benefit claimant, risks damaging mental health and re-traumatising people in recovery. Exhausted with the process at times it seemed "…*It's a letter from God you need now*" (John).

Political and media narratives reinforce the idea that people in poverty are architects of their own misfortune. In line with other research, this study has shown that for the participants, a life lived on benefits is a relentless struggle (Shildrick et al., 2012; Garthwaite, 2013; Patrick, 2015). The social security system investigated in this chapter has been found to instil panic and increase isolation for participants through its punitive approach. This chapter provides evidence that a system purportedly designed to support vulnerable and marginalised people instead perpetuates a negative cycle of mental illness, structural injustice and poverty. Driven further by conditionality, this is present from the initial access of completing forms and is a continuous cycle whilst claimants are in receipt of IRBs.

CHAPTER 8
PROVIDING LEGITIMACY: A WOMAN'S ROLE?

Introduction

From the outset, this research has focused on the experiences of men who have a socio-economic position of dependency on the state due to their poor mental health. The increasingly punitive welfare regime, in its efforts to reduce or remove 'dependency' has instead pushed individuals back into being 'dependent' on family (viewed as a form of legitimate dependency). When the Coalition government constructed welfare reform as necessary to "make work pay" (see Chapter 3), this work was defined almost exclusively as paid employment, with unpaid care work overlooked. Although initially unexpected, 'women providing legitimacy' is perhaps an unsurprising finding of this study when we consider that austerity disproportionately impacts women who experience a 'triple jeopardy' owing to benefit cuts, rising work insecurity and reduced service provision (Fraser, 2013; Durbin et al., 2017; Greer-Murphy, 2018; Emejulu and Bassel, 2018). Hence, the welfare system increasingly relies on the support of family members, specifically women, as a substitute for a 'welfare state' that the ideology of austerity has delegitimised (Craddock, 2016; Greer-Murphy, 2018).

Following the psychosocial method adopted (see Chapter 4) participants were asked open-ended questions from a topic guide to spark a conversational style interview, intended to be predominantly led by the participant. Organising the findings was an unhurried process where I became immersed in the stories shared by participants and completed data gathering tools such as pen portraits (s.4.3) to preserve each individual Gestalt. I found it striking when I put each story together, that each man interviewed spoke about a relationship with a salient woman in his life. The relationships described were ones which provided kindness, love and support and were largely experienced as incredibly positive, shining a light on how the normative role of women provided a sense of legitimacy to the participants in their often-delegitimised position.

This chapter considers how it has predominantly been women who have taken up the role of providing both social/emotional and financial support for their child/partner/loved one. The first section of this chapter describes the experiences of two case studies where participants, unable to assume the traditional 'breadwinner' role are reliant on the financial support of their female partners. Next, for those disempowered by the state, I use two case studies to illustrate how mothers, in lieu of reduced service provision, appeared to be helping to meet their adult sons' physical and emotional needs. Thirdly this chapter highlights through the case study of Bob, how for participants, particularly those who are managing historic substance

dependency, finding a caring role in the family provides legitimacy. This, like engaging in voluntary work (s.6.2), is an example of how participants substitute their former 'worker identity'. Lastly, this chapter considers participants who experienced a loss of this 'legitimising' role. Every participant fits into one of the four categories, however, to capture the roles described this chapter is written in a case study style focusing on just over half of the research participants to provide contrasting accounts, illustrating a full range of experiences.

8.1 Breadwinner Reversal

The construction of the British welfare state followed traditional societal gender roles which often led to women, and children, as naturally assumed to be 'dependents' (see Williams, 1977; Sainsbury, 1999; Lewis, 2002; Lister, 2003). Women in the traditional nuclear family were dependent on their male partners who were expected to be the 'breadwinner'; women widowed or separated were dependent upon family or the welfare state. William Beveridge stated that the "*ideal [social] unit is the household of a man, wife and children maintained by the earnings of the first alone… Reasonable security of employment for the breadwinner is the basis of all private duties and all sound social action"* (Pateman, 1988, p.140). What is unique in the present study is that, due to experiencing mental illness the 'breadwinner' role is not accessible and instead, the men interviewed are dependent on government financial assistance.

Out of the seventeen participants interviewed, five were currently in long-term heterosexual relationships. Within these partnerships, the male participants are unable to adopt the 'traditional' role previously alluded to. Shifting from societal expectations David and Duke explain how their partners provide support both financially and emotionally to enable the men take on and maintain roles that are not viewed (by both society and the men themselves perhaps) as normatively masculine such as volunteering (see Chapter 6), thereby providing a legitimate (reimagined) male role.

David

David, 52, has a history of mental health and substance abuse problems from the age of 18. He has been in receipt of PIP (formerly DLA) for two years. Perhaps a form of resistance, David refuses to make applications for support beyond PIP (such as ESA) as he does not want to 'work' for 'money', instead he engages in voluntary work for four different organisations. As was described in Chapter 6, this is arguably 'legitimate work', however, as

it is unpaid is not viewed as such by society. On full rate PIP, David's weekly income is less than half the average weekly UK minimum wage. David explained the financial consequences:

> [My partner] – *she's a… very well-paid job, em... and I made the decision ten years ago that I want to do voluntary work. Paid work doesn't really interest me, money doesn't interest me, I've no time for money. Money never has time for me either so. Em... I've got a good decent, decent enough lifestyle because she earns really good money and looks after me and em... the money that I have from my disability – 'PIP', it's called now, covers my necessities and it's, it's just my necessities that I don't* [contribute] – *I don't, do I? From that money there's a contribution to some bills but it's usually put aside for silly things like holidays.* [Laughs] *She'll tell me I'm paying, I'm – I am paying money towards the house bills as if my moneys gonna make a dent in the bills. I doubt it… Well it's… still – If I didn't have it, I still wouldn't be going to work, it wouldn't make a difference to me. I'm happy doing what I do. (David, 52)*

David's partner can facilitate the comfortable life they live and crucially does so in recognition of the important and legitimate contribution David makes through his voluntary work. Here David's partner provides him with status, legitimising and valuing his role in society. Although adamant that he does not require 'the money', David did explain that he has considered getting a part-time job to pay for recreational hobbies a few years prior. His partner advised against this as David explained:

> *… I said "look, I'm gonna take a part-time job in Tesco or Asda or something and stack shelves," and she went "no, you're not."*
>
> *"Why?"*
>
> *She said, "you're going to go and do a mind-numbing job, stacking shelves? You wouldn't last a week. And you'll come home so frustrated, you go to Tesco for a week and you'll come home after a week and say, 'the whole of Tesco is wrong, I could run it better myself.' Guaranteed. And you'll be so frustrated", and she says, "you think of all that time you'd have in your mind, all that spare time you'd have, doing nothing but putting things on a shelf." (David, 52)*

David explains that although this type of employment is not "*beneath"* him, he agrees with his partner that it would cause him frustration. David is diagnosed with bipolar disorder, his last period of employment ended with him experiencing extreme mania. He has been hospitalised several times, including long-term detentions under the Mental Health Act (1983). He experiences frequent suicidal ideation and continues to engage in intentional self-injurious behaviours. His condition is difficult to control due to its episodic nature and as he is unsure of the triggers, he continues to experience regular poor mental health. David and his partner recognise that for him, as for many others, treatment cannot protect against relapse sufficiently to make life more stable and predictable thus mitigating against permanent employment. Consequently, his partner discourages David partaking in paid employed due to the potential risks to his health.

> *She* [David's partner] *said before, "I'd rather go and do something else, and get more money, to make sure we've both got money, that extra income rather than you doing it. You stick with your football stuff, your talking, your mental health stuff, do all that. That's your job. Just unfortunately you don't get paid for it. That's it. That is it, that is your job, that is your role." (David, 52)*

Indeed, David's partner would prefer to get a second job to further support the family, in order to protect David's mental health which she evidently prioritises over financial improvement. David's partner's protection of his voluntary role reflects observations from Walkerdine and Jiminez's (2012) research where they found many women insisted on referring to their male partner as the breadwinner, even when it was the women earning the main income. Walkerdine (2016) describes this title of 'breadwinner' as keeping alive a fantasy of sexual difference. In this instance there is no pretence of David being the 'breadwinner' but there are assurances that he does have a 'job' and a 'role' within society. David's partner provides the financial means to enable this, but also the emotional support and legitimising narrative in contrast to dominant political discourses which valourise paid employment.

Duke

Duke has been in receipt of ESA for two years, the extract below captures the contradictions between societal expectations of equal partnerships, the 'traditional' male role and being cared for:

> *Maybe it's a pride thing and I'm not one of them – I'm not sexist, I don't think I should be the one who's making the money in the relationship but... I do, I wanna be able to*

surprise my girlfriend and say, "come on we're going out for something to eat." You know? I just, I feel a little bit lost at the moment. I feel great, I love life at the moment but one of the missing pieces for me is to have a job. I wanna get into a routine, I wanna work. I wanna provide for me little family. I wanna be able to provide and contribute. That's a big thing for me, maybe just little silly things like be able to bring my partner out for something to eat. You know, we still go out for a bite to eat but she's got the money, know what I mean? I don't mean – if I'm coming across as sexist, I don't mean to, I just mean I'd like to have some money in my pocket. Money that I've earned, that I've worked hard for, that's what it's about. (Duke, 31)

Alongside the relatively humble ambition of wanting to take his partner for a meal is Duke's desire, which he emphasises through repetition, to be the 'provider' within his family dynamic. Duke is aware that his wish to provide is a male stereotype which causes him concerns about coming across as 'sexist'. This is also a desire for 'normality' in the same way that he, and other participants structure their day (see Chapter 5). Similarly to David, Duke's partner of 10 years earns a substantial wage and is the 'breadwinner' of their home, he explained their circumstances:

… it's not… we don't live like a lavish lifestyle. I like to pay for the, we have Sky digital, I pay for the Sky. I contribute towards the mortgage and I've just got other little things that I pay for. Me partner's on a good wage… Me partner looks after me, I've got a good life. (Duke, 31)

Like David, Duke is aware of a reliance on his partner. Duke's previous employment was in a warehouse five years ago which he had to leave after having a breakdown and being detained under the Mental Health Act. Duke has a diagnosis of PTSD, schizophrenia, depression and anxiety and has previously struggled with substance dependency. Despite being placed in the ESA Support Group and not subject to mandatory job searches, Duke spends hours daily searching for jobs. Emblematic of the increasingly precarious work available, Duke regularly applies for zero-hour 'care work' and 'support work' roles. Duke explained:

… me partner doesn't think I'd be able to do them. You know, due to like, stress, and that's fair enough. For me, I'd like to give it a try just to see if it – but, it could backfire, and it might affect me mental health again. (Duke, 31)

Duke believes in being honest to employers about the current gaps of employment in his CV. He had recently experienced a large blow to his confidence when an employer rejected his application and told him he would be 'unreliable' due to his mental health needs. Duke's first breakdown occurred in his early twenties when he was in what he described as his 'dream job' in a supporting role: a young person that Duke was supporting died and this triggered a breakdown. Duke became depressed and attempted to end his life.

Despite acknowledging in the extract above that returning to employment could be detrimental to his mental health recovery Duke felt it was imperative to contribute to his household monetarily. More parallels can be drawn with David above as Duke also explained that the benefit system and his partner have not made him feel under pressure to return to employment. In fact, Duke's partner has advised against this; concerned that the stress could trigger a relapse in his health. At interview, Duke and his partner had just discovered that they were expecting a baby, with the role of fatherhood impending, Duke's yearning to 'provide' was intensified:

I wanna feel like I can contribute, more. You know? It's, I'm with my partner at the moment right – when she goes off work, she gets paid six months [maternity leave]*, she wants to be off for a year, you know to be with the baby… it's not cheap is it? … We want the house done before the baby's born – so there's an extra bit of motivation for me. I'm not, I don't feel like I'm under pressure. If I wasn't ready I'd tell her, and she'd understand and we'd get by. But I'm ready now, I've been ready, you know, for a while. But the news of the baby, you know, is… just that little bit more motivation to, to do it. (Duke, 31)*

It is evident that Duke and David's partners are aware of the difficulties and pressure of returning to the labour market. Much research has found that it is women, particularly mothers, who describe their ability to 'cope' whilst living in poverty, which included managing household budgets and caring responsibilities (Shildrick and MacDonald, 2013: see also Rowlingson and McKay, 2005; Middleton, 2011; Griffiths, 2017). In the case of David and Duke, it could be posited that their significant others are exercising a form of lay epidemiology – they are aware

of what routine work does to health, therefore they prioritise managing this with protective factors for their partners. Research has shown that formerly employed individuals who enter poorly paid and insecure work are more likely to experience chronic stress than those who remain unemployed (Chandola and Zhang, 2017). The women described provide an invaluable role in caring for their partners, bridging gaps in service provision outlined in Chapter 6. Fortunately, they are in an economic position where they can financially support and facilitate their partners' autonomy.

To some degree we have shifted away from the archetypal stereotype of female dependency on males as breadwinners, with both men and women being part of what is increasingly a precarious workforce. However, traditional ideas of what is legitimate work for men and women persist to some extent (Nixon, 2006). Social security increasingly stresses 'active' over 'passive' welfare receipt, obliging people to engage in waged labour while inadequately commodifying care, resulting in difficult, and costly, compromises to be made between work and family commitments, felt strongest by women (McDowell, 2017). McCluskey et al. (2011, 2014) found that disability benefit claimants' significant others were more forbearing of the permanence of negative impacts of back pain and the inability to engage in formal employment. This suggests, like in the cases of David and Duke, a partner can be key to individual recovery and feel more empowered to provide advocacy which legitimises an ill person not returning to work. For these participants, their significant others had observed their periods of employment and unemployment and there is a recognition of maintaining the routines they have created in recovery to prevent deterioration.

8.2 Mothers

Much research has considered the disparaging stereotype of the 'welfare mother' (Mann and Roseneil, 1993; Fraser and Gordon, 1994) and continued contemporary sociological attention has been paid to the injustices experienced by mothers accessing welfare today who are stigmatised for their 'dependency' on welfare (Millar and Ridge, 2020). This denigration of working-class mothers or "chav mums" (Tyler, 2008, p.17; Gillies, 2006) fuels the idea that individuals are to blame for structural poverty (Jensen, 2014). Concurrently, benefit levels are lower for young people and are not enough for independent living (Resolution Foundation, 2018). This demonstrates an increased expectation that young people should rely on their family for longer, yet many families are not able to offer such privilege.

In the participant narratives captured, reliance on family members was relatively common as a necessity to avoid hardships such as hunger and homelessness. Obtaining material support

was always described reluctantly and as a last resort where the benefit system was not meeting participants' needs, i.e., for a hot meal or money for electricity. Seven of the seventeen participants (whose ages range from 28 to 72) described a recent time their mothers had provided them with support. As is outlined by Chris and Miguel below, in lieu of reduced service provision mothers appeared to be helping to meet their sons' physical and emotional needs.

Chris

Chris, 28, has been in receipt of IRBs for four years. Although keen to return to paid employment, Chris experiences ongoing obstacles due to his mental health. He has attended a range of courses through the Jobcentre but has felt unable to complete these due to a lack of support. Last year a close friend secured Chris a stereotypically male job at a car manufacturing company, however Chris was unable to cope with this. Comparing himself to his contemporaries fuels a sense of shame and isolation, as Chris cannot work or live independently.

> *Em,* [laughs] *I lasted two weeks. Em… don't know if you know but the money's dead good in there. Really good, me mate has only been there about two years and he's got his own house now, his own car, he's rolling in it. That's what I'm trying to say basically is that I want to work, yanno? But I just can't, there's too many people or, someone says something to me and I take it the wrong and break down. I just end up walking out, after having like panic attacks and that. (Chris, 28)*

In the extract above, as with many participants, Chris compares himself to his contemporaries, who have achieved economic milestones. His friend has 'his own house' but Chris lives with his parents and cannot afford to pay rent. Many participants believed that their mental health condition had prevented them from living up to societal expectations. The thread of loneliness and isolation within the research often emerged from participants positioning themselves at the margins of society, comparing themselves to peers and drawing on popular media ideas of what they should be achieving at their age.

Chris felt he had lost a sense of community with peers and so has been left, along with his mother, seeking age-appropriate places to feel safe in a supported environment. In his narrative, Chis often talked in terms of a 'we' which represents himself and his mother. Chris'

mother is the person who has provided constant support and advocacy on his behalf to reach a diagnosis of Asperger's syndrome and following this, in seeking support from relevant teams. Both Chris and his mother are struggling to access services appropriate for his age, an issue that has been ongoing:

> *Em. I've had counselling loads of times. Em. The problem with counselling is obviously it ends, doesn't it? After a certain time. I feel a need an hour a week, just to have a chat to someone about what's going on in life and that. Em, stuff I wouldn't feel comfortable talking to other people about. Like my family or friends. (Chris, 28)*

In place of tailored support services, Chris has begun to draw on support through social interactions naturally occurring within the community (also discussed in Chapter 6) and has adapted behaviours for social interaction in the absence of his mother and father in the mornings attending work, until his mother contacts him at the end of the day.

> *When I get up and me mum and dad are in work and that*… [visibly upset, eyes watering] *I feel like I've just gotta get up and get out of the house. I feel like… I don't wanna be in the house on my own. Yeah. Suppose I feel a bit scared at times. Who is gonna knock on the door and… I don't know. …mum will phone me and say, "where are you?" We'll go and have a coffee. (Chris, 28)*

As well as being 'scared' of being in his home alone without his parents, Chris does not have the financial means to move out. Chris is currently waiting to be reassessed for PIP and is unable to contribute financially to the family, he explained "*me mum has to support me."* The cuts to his benefits during the appeal process led to him putting his mother under financial strain: in my reflexive log at the time of interviewing I noted that this was the topic which caused Chris to become the most visibly emotional. Chris cried when he described:

> *Well, I obviously give me mum keep. But while I'm not getting this money I can't afford to give her keep. She has to feed me, 'cause the money I get is money I have to look after meself. 'Cause me mum doesn't want me to not go out and that because, I'd go mad.* [Tears streaming down face] *(Chris, 28)*

Chris is in a cycle of financial and emotional reliance upon his parents, mainly his mother. Being forced to rely on his mother exemplifies Chris' disempowerment as well as the unfairness of the system. His mother's support is not just material but is vital in helping to meet his emotional needs as Chris explained:

> … *She* [Chris' mother] *says to me, "do you want to go for coffee?" …We've got a little place we go to, not far from ours, but it's nice it's in a bit of country. Nice and quiet. They sell coffee and cake there. And it's just, I suppose I feel more relaxed because there's not much people around. Yeah. (Chris, 28)*

Chris' connection with his mother allows a temporary escape and coffee trips provide meaningful interactions. For Chris, arguably a lack of services and resources have prevented him from developing the skills of many of his peers such as living independently. His mother acts as a consistent support adding legitimacy to his role in society.

Miguel

Significantly older than Chris above, Miguel, 42, has been in receipt of IRBs for ten years and has a diagnosis of bipolar disorder. Miguel lived and worked in London for ten years before having to return to his parental home due to a breakdown. With help from a support team, Miguel moved out of his family home and into a flat across the street from his parents six years ago. Although Miguel's father provides practical support such as driving him to the Jobcentre, it is his mother with whom he sustains a close relationship. The interview setting, in which I, a woman, provided an environment of listening reminded Miguel of his ability to be open with his mother. Miguel explained:

> *Men don't get a chance just to talk like this and just, you know, if we did, we would probably – well we don't, we don't get a chance to do that. You're either with fellas who don't wanna talk like that because it's like "what you on about?" They don't understand. Do it too much with women and they're like, "ugh, you fucking moaning git", you can't win. I'm lucky that I've got my mum, my mum's always been interested in just talking and stuff. (Miguel, 42)*

Miguel's mother provides him with sincere empathy and an outlet to express his emotions. The above quotation suggests Miguel sees this behaviour as an inherent part of being, or having, a motherly figure. He says that 'women', meaning women friends/partners, in general do not like it if you 'talk like that' too much. Under gendered divisions of labour, perhaps there is an expectation of his mother to provide this caring labour, while his father was expected to provide practical, financial support. When Miguel was eighteen, his father was made redundant, this was something he reflected on during the interview as a pivotal moment in his life:

> *Eh, and in the end me dad lost his job of like twenty-five years in like, ninety-three, so he'd been working for a company for a long time. Then it was just, he came home one morning, "I've been made redundant". And he's an old-style fella. Doesn't really believe in men showing emotion or anything like that but I could see that he was broken* [laugh].
>
> *… And it was my mum, basically, going to work and my dad having to try and adjust to not being busy, at all. And then still got three lads in a house and I'm like- I'm making decisions about my future and I just- I didn't, I couldn't, I can't have a conversation with my dad saying "what's wrong today? What should I do?" you know he's like- I can't get him to open up about that sort of stuff, so. (Miguel, 42)*

Miguel's experience of his father's redundancy reflects research conducted by Jiminez and Walkerdine (2012, p.280) where young men witness their fathers' painful projected experiences of redundancy, shame, pain and a sense of inadequacy that "now that they are unemployed, they are no longer the breadwinners". There are "unconscious collusions" between fathers and sons, especially in relation to the need to split off and project aspects of subjectivity (ibid.). Such aspects include vulnerability, dependency, and any aspect of male subjectivity that seem to threaten the boundaries of a heavy industrial masculinity (McDowell, 2003). As a 42-year-old man, Miguel's relationship with his father has remained in the mould shaped by these younger experiences and influenced his view of masculinity.

> *I always thought that the traditional thinking was like, "women was the stronger sex" kind of thing. People are like "no, they can't lift two hundred pounds", like, it's not for that reason, it's the resilience that they, that you're like born with if you're a woman. Em... and is like ancient essentially. Men have some of it but, need, you know, more training in it, or something like that. And so, I've looked at, you know, good examples*

of you know, my mum's a great role model for this sort of thing, and her friends as well. (Miguel, 42)

There is a somewhat naïve irony in Miguel's speech above: he describes how as a woman his mother is naturally resilient, overlooking gender constructs, and suggests that men could develop this through 'training'. Miguel demonstrates sensitivity in his view that women possess a skill that he believes men need to develop. I would argue that this, as well as many of the extracts throughout this chapter defy the often assumed (although not evidenced) negative stereotype of how working-class men view women (Dunk, 2003). Instead, it shows the gentleness and admiration with which these men talk about the key women in their lives who legitimise their role in society.

Gallant et al. (2007) found that people managing chronic illness would shut out family and friends to spare them the true extent of their suffering. In Miguel's case, although he felt unable to talk to friends or family members, who he recognised as having their own 'problems' and responsibilities, his mother was his key source of support. With no formal support in place for Miguel, he explained how he managed the previous week when experiencing a manic episode:

I rang and eventually spoke to my mum and said ultimately, "look I think I'm going through something here, more than usual" … I was lucky my mum lives the other side of a busy road and was able to come over with a bit of TLC type stuff and some stern, like actions. She was just able to be there, to be someone to bounce off for a little bit who wasn't gonna be like, 'I'll leave you to your own devices' type thing. (Miguel, 42)

The last sentence in the extract above hints at Miguel's previous involvement with statutory support services which he explained at other stages of interview he felt were dismissive and uncaring. Against this lack of support being provided by government, Miguel provided examples throughout interviews of his mother's advocacy, for example defending him to the DWP when has was found 'Fit for Work' despite being sectioned under the Mental Health Act. Austerity-driven withdrawal of social provisions through the welfare system (Chapter 2) results in family and friends providing what support they can, assuming people have family and friends that can support them, and this falls much more heavily on women. Social networks (Chapter 6) represent resources which support people in disadvantaged communities to 'get by' and research indicates it is mainly women who sustain such support networks (Hooper et al., 2007; Lister, 2015; Daly and Kelly 2015). Several studies with families, such as Hamilton (2012),

have found that low-income mothers utilise coping strategies to protect social identity and sustain the family unit.

8.3 Legitimate 'Family Man'

A rise in men providing care alongside the economic crisis suggests that austerity, and subsequent recovery period, has redefined unemployment as an opportunity to reshape parental and personal identities (Boyer et al., 2017). For many of the participants the loss of the 'breadwinner' identity was incredibly difficult, however, they found a sense of legitimacy in a caring role. This is applicable to Pablo, Trent, Bob, Kenny, Gerard and Barry. Furthermore, as has been continuously referred to, many of the participants have dealt with addiction, which led to family ties being severed. This is illustrated in Bob's story.

Bob

Bob, 58, has been in receipt of IRB for two years, he experiences depression and is recovering from alcohol dependency. At the time of interviews, Bob had recently moved into his family home from a hostel after eleven months of sobriety. Prior to this he had no contact with his family for two years while he was alcohol dependent and rough sleeping. Now living at home Bob has adopted a caring role for his mother, who is in her 70s and has COPD, as well as some of her elderly friends whom he does errands such as gardening for. Similar to Duke and David's narrative, Bob's financial contribution is tokenistic in contributing to his family's lifestyle. Bob explained:

> *Yeah, I feel like… even though I pay me way, me mum says, "no, you pay me enough money". You know I still feel like I'm… you know what I mean? Never wanted off anyone. Even when I was on the street I never begged. Never begged no one for nothing* [sic]*. You'd never see me outside a shop or nothing, used to just go to the library read the papers or something. (Bob, 58)*

Bob's mother has welcomed him into her home and provides reassurance that his role is legitimate as a family man who cares for his grandsons, daughter and mother. This is valued over money. Although dealing with a loss of identity as a 'working man' was significant in Bob's

narrative, he is now finding meaning in the strength of his familial relationships. Bob's daughter has experienced depression for several years and Bob, now no longer alcohol dependent and increasingly aware of his mental health, has developed an advanced empathy. He explained his concerns for the health of his daughter and how these impact on his two grandsons:

> *Family. Most important thing to me. Keeping them safe and that. See my daughter's got it real bad. She suffered from depression for years, but you know, even though I tried to help her, I didn't know what it was, but now I do. We were talking last week about it, and I was just like... "I know what you went through now" and we were hugging each other and all that … She's getting real bad pains and not eating right, so I got her the Manuka* [honey]. *She's been taking it and she seems to be, you know getting better down there, like.*
>
> *She went, "Dad you can't afford it, you can't afford it." I said, "I can, you know I've only got one daughter and you're amazing and... As long as I've got me tobacco I'm alright."* [Laughs] *That's what matters, family innit. If she's happy and in a good way, the kids are. (Bob, 58)*

Bob exhibits how he now has open dialogues with his daughter and provides practical help. He takes both his grandsons, who have complex health needs, every weekend overnight as well as a night during the week. In a sense he is reconstructing his own masculinity, to be a provider in a different way. Similar to the narratives of many of the men interviewed, in the extract below Bob describes the invaluable impact of belonging.

> *Em, well… I'm starting to come off the yo-yo of… as in depression and just living a nightmare.… But I've got me family back, and they're always putting a smile on me face. Me mums a great cook, which I adore. She always asks me, "what would you like to eat today?" And I say, "anything you make mum". Em… I've got me daughter back and me grandkids. It's amazing to be a grandad again. (Bob, 58)*

8.4 Loss of Legitimacy

Becoming a 'legitimate' family man for participants above, was a new identity often developed after overcoming personal difficulties and isolation. All participants detailed a key woman that

was integral in recognising their legitimacy, however, for some participants this person was no longer available. This ties into the themes of loss and isolation recognisable throughout the findings; here it is exhibited in two case study accounts.

Paul

Paul, 46, has been in receipt of IRBs for eight years and has been diagnosed with drug induced psychosis, paranoid schizophrenia and bipolar disorder. He has a strained relationship with his family, which he attributes to his father being abusive throughout his childhood. After being hospitalised due to his mental health aged 18, Paul moved in with his grandparents, he explained:

> *I went to live with me nan and grandad 'cause things at home, me dad was like... even the hospital staff were like, "he's not right, don't go". And I was like, "no, no, they said if I go home they'll look after me". I went home, a day or two and I was back on the train to me Nan's, you know, black eye. Real nasty little shit, me dad. (Paul, 46)*

In the excerpt above, Paul was returning to his mother and father for care but instead experienced violence from his father. Paul's mother was also a victim of his father's abuse, yet Paul felt, through choosing to stay with his father, she was indirectly an abuser. He detailed that different occurrences related to abuse within his family have resulted in intimacy issues for him now and that he has not been able to maintain a long-term relationship (George, Tony and Barry also talked about this).

> [I blame] *Me mum for fighting his corner, she's… not as bad, but as I say you're a mum before you're a wife, you know? (Paul, 46)*

As is illustrated above, Paul suffered abuse from his family for several years and felt that his mother failed to protect him. It also emerged within Paul's narrative, however, that he felt that he had failed his female family members due to not correctly acting out what he deemed to be, the appropriate male role:

> *… my uncle… he was a convicted paedophile* [details abuse] *… Which I felt really angry about because I was the only lad. All the cousins were girls, me mum had sisters, no brothers so it was all women and I was the only lad. I felt it was my job to protect them. (Paul, 46)*

Paul did not feel that his mother or aunty, who stayed with their partners, protected him. However, Paul also carried a sense of shame that he had not legitimately protected others as the 'only lad'. The matriarch of the family, Paul's nan who he described frequently as 'an angel' was the person who protected Paul. Paul talked in depth about how being able to live with his grandmother was a 'lifeline' for him.

> *Moved in with me nan and grandad and they were like working-class saints. They were lovely people. And em… there wasn't really therapy in them days you just had a word with me nan in the kitchen and she'd sort the whole streets head out. You know? She was a lovely woman. And they* [Paul's grandparent's] *just gave me the patience, and the love, and I slowly came to a little bit and got better… for all the badness, they were the other extreme, all of the goodness. So thank God for them. Me nan, she was just- it was great, they taught me how to live, you know? (Paul, 46)*

Paul's maternal grandmother provided him with the 'therapy' that he required to deal with the other ongoing familial struggles. Paul remains estranged from most members of his family and is still struggling to deal with trauma from his past. Although she is now deceased, throughout the interview the positives which he would draw on were connected to his time with his grandmother. Paul described her lovingly and the safe space that she provided through which he was able to access third level education and live independently.

George

George's experience demonstrates how the above themes overlap as he has lost his dependence on his mother (s.8.2) and is now moving towards supporting his daughter and becoming a legitimate 'family man' (s.8.3). George, 49, has been in receipt of benefits for approximately 17 years. George experiences agoraphobia, anxiety, depression, OCD and Tourette's syndrome. George also has a range of physical health problems, which include pernicious anaemia, type 2 diabetes, hiatus hernia and high blood pressure. Due to the

removal of the government's spare room subsidy in 2013 (see s.2.4), George had to leave his property shortly after the loss of his mother, whom George cared for during her terminal cancer. Without his mother, George had nobody to open the 'brown envelopes' and to advocate against his eviction (discussed in s.7.2.1). This transition involved moving from the street he had lived in his entire life to the top flat of a block in a different area. George explained:

> *…see I don't really understand all me benefits 'cause me mum used to deal with all my letters and stuff. But I don't know I em… me mum used to go round to the doctors sometimes and tell them that I haven't been out... I haven't been going out, "he just sits in his bedroom" and stuff like that… when I come out of work and I'd become unwell I used to go and sign on then I used to kick off on me mum and I say I can't go, "I'm not getting on a bus I'm not going to sign on", so I didn't claim anything. I really lived off me mum … (George, 49)*

George describes how he no longer has any support, and experiences ongoing issues switching between support workers, psychiatrists, and GPs. His previous position was similar to Chris and Miguel's (s.8.2), however the emotional and financial safety net that his mother provided is no longer available. Arguably, this further illustrates the impacts of austerity which include a reduction in community centres and access to formal advocacy (s.7.2). In the example given above, George's mother provided a key advocacy role to liaise on George's behalf with medical professionals. During interviews George emphasised the loss of his mum and his home as the most important fragments of his narrative. George peppered the interview with sentences such as "*I'm not a bad person"* and *"I was known in me area for being a nice person for what I done with me mum."* Perhaps this implies that the actions of DWP in moving George from his home were perceived as a punishment of being 'undeserving'. At interview, George was struggling with grieving for both his mother and the community he had been forced to leave as his identity is inextricably linked to both.

Grief was a major factor for George, who had experienced a lot of further losses including his baby son, his brother and uncle. For a long period, George was also estranged from his daughter. George discussed how his mental health had put a strain on their relationship:

> *The important things in me life… I've only got one and that's me daughter… It's 'cause I missed a lot, a lot, of years of her life and I sat her down and explained everything*

> *I've been through and why I wasn't in your life. She could've said to me, "ah you're a weirdo – piss off, I don't want to know". But she never, she done* [sic] *the opposite. And she's caring. Now, I don't hassle her. But she… she doesn't come down that much 'cause she's twenty-seven now and she's got her own life to lead. But I'm just glad she understands the way I am and why I wasn't in her life. (George, 49)*

George feels relief that his mental illness did not cause his daughter to view him as a 'weirdo', perhaps this is indicative of the stigma through which he views himself. Arguably, his relationship with his daughter outlines the importance of female empathy, a theme within the data. George shows gentleness around their developing relationship but identifies this as a positive role.

8.5 Conclusion

The intention of focusing this doctoral study on men came from an identified research gap in the male experience of welfare reform (Chapter 3), when we consider the highest group of IRB claimants are men with mental health conditions (Chapter 1). As stated in the introduction of this chapter, I was surprised that the role of women would emerge so strongly from the narratives collected. On reflection, however, this was quite naïve, as this research took place against a backdrop of austerity and subsequent welfare reform that has decimated both voluntary and statutory support services for people experiencing mental health problems.

The British welfare state has, since its inception, sought to promote and reinforce normative ideas about the family and the gendered division of paid and unpaid labour (s.3.3), and today's social security system continues to follow a similar trajectory, with recent welfare reforms disproportionately impacting on women (Millar and Ridge, 2020). Increasingly, the financial support offered by the state is not only reduced but also increasingly conditional and intensively governed (Watts and Fitzpatrick, 2018) (see Chapter 2). In private spaces, such as the family, the work of caring and acting compassionately has traditionally been assigned to women (Beneria et al., 2003; Greer-Murphy, 2018) and there are growing bodies of evidence that women are bearing the hardest brunt of austerity because the "life-making" work of social reproduction (Bhattacharya, 2020) is naturalised as something family members do out of love and care within the private sphere, rather than a vital form of "work" within the capitalist economy (Wilson, 1977) (s.3.3).

The almost serendipitous emergence of a finding focused on women from this thesis (which focused on men), I believe, was partly owed to the open-ended style of the research. Using the FANI method I was keen to explore the participants experiences, not as benefit claimants, where I would be assuming the master-narrative, but holistically focusing on stories they chose to share. I did not ask participants about women in their lives or their relationships generally (see 'appendix 3': topic guide) but this finding emerged from mapping out each story through use of a pen portrait (appendix 5) and creating a 'thoughts and themes' document for each participant, maintaining their unique Gestalt (detailed in Chapter 4).

The preceding finding chapter (7) described IRB claiming as a 'battle for legitimacy' where claimants are increasingly required to provide evidence of their deservingness for financial state support. This chapter (8) has explored the role of women in providing legitimacy to participants in this metaphorical 'battle'. Relationships with salient women support participants to manage the battle for legitimacy (Chapter 7) and maintain a role in wider social networks (Chapter 6). This is not coincidental, the welfare system is relying on the support of family members, specifically women, as a substitute for a welfare state which has been delegitimised as a result of the neoliberal austerity ideology. These findings carry future implications and this thesis now turns to a concluding discussion of these implications.

CHAPTER 9
DISCUSSION AND CONCLUSION

Introduction

This thesis has investigated the everyday impacts of welfare reform on people's multifaceted lives. Using Free Association Narrative Interviewing, it extended beyond a narrow focus of benefit receipt to draw insights from the wider experiences of men who claim IRBs due to mental health conditions. This research was influenced by my desire to further explore what I recognised through my own professional and personal life as a gap between popular discourse and lived experiences. The stories shared by participants evidence the material, psychological and emotional impacts of an increasingly conditional and punitive welfare system, embedded in structural inequality. I hope that going forward, this study helps to illuminate voices which are often not heard, allowing a wider audience to have a more critical understanding of accepted social norms and policy.

Indeed, the reality of life on IRBs contrasts starkly with the populist discourses presented by the government and media (Garthwaite, 2013; Jensen and Tyler, 2015). This thesis, in common with much research in this area, did not uncover work-shy people living in financial security and "sleeping off a life on benefits" (Osborne, 2012, unpaginated). Participants were selected for this study based on certain characteristics: experiencing mental illness, male, IRB receipt and location. Beyond these superficial similarities, there are a wide range of themes that could be recognised in the shared experience of participants, including, but not restricted to, trauma, addiction, maintaining routine and fear of failure (which Chapter 5, specifically, demonstrates). It is through these shared lived experiences that I have drawn links between personal circumstances that led to the concluding argument of this study; that accessing IRBs is a battle for recognition of legitimacy.

Following the three preceding analysis chapters (chapter 6, 7, 8), this concluding chapter draws together and summarises the main findings of this study to build an overarching argument and set out the original contribution to knowledge of the thesis. I will then reflect on some of the limitations of the study and outline potential avenues for future research. Drawing to a close, I set out key policy messages, before finally presenting concluding comments.

9.1 Main Overall Findings

This doctoral research joins a body of welfare literature which draws attention to the need for a better understanding of social security recipients, in this instance people claiming sickness benefits due to their poor mental health. This section will summarise the main overall findings emerging from the chapters of the thesis before considering how these led to the central argument and relate to the research question.

Finding 1: Re-traumatising Welfare

Contemporary welfare policies rest on the assumption that "work is the best route out of poverty" (Goulden, 2012, unpaginated), however, this is much debated. The United Nations Special Rapporteur's investigation on poverty and human rights in the UK reported that the UK welfare system's shift to focusing on "getting people into employment at all costs" is causing "misery", and that welfare reform policies "negatively impact many claimants' mental health" (Alston 2018, p.5). This claim has been strongly denied by the current UK government (Bulman, 2018). What I would argue is alarmingly neglected in such discourse is simply the recognition that some people are unwell and need to be supported in a holistic way beyond tactics to return them to the labour market as rapidly as possible. Furthermore, appropriate all-inclusive support can be achieved through understanding people's lived experiences (in this instance who have fluctuating and chronic health conditions). Vulnerable and marginalised people may have both enormous disadvantage and trauma but also great potential: it is only by a variety of non-conditional, supportive activities which seek to listen to and learn from such groups that whatever is best for them can be reasonably attained.

Chapter 7 (and Chapter 3) detailed how the welfare system increasingly scrutinises participants' legitimacy with regards to their status as a benefit claimant, and their 'sick' identity. Opposing this, I argue that bureaucratic procedures, derived from neoliberal welfare reforms, risk re-traumatising people with mental health problems. This thesis has evidenced (Chapter 7) that welfare processes are experienced as inaccessible to people who they should serve and as a result people stay in difficult circumstances or worse: experience emotional trauma or physical destitution. Participants in this study required help through each aspect of social security receipt from obtaining forms, completing them correctly, corresponding and attending interviews through the Jobcentre. The necessary navigation of the welfare system demands energy, resources and active agency that often people who are sick and/or disabled

need to be advocated for (yet as Chapter 6 has shown, voluntary services are shrinking and are increasingly less able to provide the necessary help). Participants expressed fear and anxiety about these procedures linked to their 'entitlement' to benefits, which is itself structured by hierarchies and moral economies of 'legitimacy' that come to be internalised.

Conditionality has been steadily intensified and extended, alongside the introduction of a range of welfare reforms which effectively reduce social security provisions. This includes reductions in both levels and eligibility for various forms of IRBs and the major transition for all from ESA/PIP/DLA to Universal Credit (see Chapter 2). Subsequently, sick and disabled people face increasing demands to provide evidence of their inability to overcome 'failings' which prevent them from searching and entering the labour market, often in face-to-face assessments. Assessments are a pivotal part of the benefit process as they result in a decision for participants about whether they are deemed eligible to receive IRBs. Each of the 17 participants, who differ in circumstances, health needs and education, expressed fear of and anxieties around the assessment day (see Chapter 7).

For all IRB claimants welfare receipt is conditional on passing assessments. This includes mandatory attendance at appointments, after which claimants are categorised into different groups with financial implications. Participants are expected to perform an identity which communicates they are 'sick enough' to receive financial support. The sense of powerlessness evoked from this experience led to fatalistic attitudes that reinforce a feeling of failure of 'losing' the 'battle'. As Barry explained: "*I'm thinking, if I lose that money, will I be able to afford* – [to] *keep myself, not mentally stable, but just maintain that support network around me…"*

This neoliberal subjectivity intensifies individual responsibility and self-blame. Participants expressed how the structure and content of ESA and PIP assessments (both written and face to face) are not designed in a way that allows mental health problems to be accurately expressed, such as the sometimes-episodic nature. This is problematic for those who lack insight, have a fluctuating condition, under-report or have become adept at masking their difficulties (s.7.3). Bob underreported his mental illness because he "*was thinking, 'woah, I'll get locked up in a nutty home.'"* Participants did not feel that their conditions were taken seriously and that assessors had the knowledge to expertly assess mental health problems. Duke described: "*I felt like a guinea pig 'cause people were asking me certain questions and I felt like I was being experimented on. That's what it felt like to me."*

The findings from this study broadly support existing literature, that the influences of conditionality are pervasive and overwhelmingly negative, see for example; Fletcher et al., 2016; Patrick, 2017; Reeves, 2017; Wright et al., 2018; Stewart and Wright, 2018; Dwyer et al., 2019; Redman, 2019; Wright and Patrick, 2019. There remains a lack of research on

mental health specifically (Dwyer et al., 2020; Pybus et al., 2020). This thesis further supports the growing evidence of the serious mental distress that social security protocols can provoke such as reduced self-worth and episodic trauma (reflecting work by Marks et al., 2017). This trauma could be understood to be what Cooper and Whyte (2017, p.23) describe as "institutional violence"; the bureaucratised face of violence which is "administered through legitimate means". Pete described: "*…you're a number, you're not a person. They weren't asking the right questions and I left the medical feeling like it was a waste of time… Eh, it did make me feel suicidal."* Mills (2018, p.302) details that austerity suicides are "embedded within an affective economy of the anxiety caused by punitive welfare retrenchment, the stigmatisation of being a recipient of benefits, and the internalisation of market logic that assigns value through 'productivity' and conceptualises welfare entitlement as economic 'burden'."

The requirement to comply with welfare processes, particularly assessments, effectively forces claimants to discuss personal and sometimes traumatic experiences with assessors who may have little understanding of mental illness. They may have little training, understanding or knowledge – and possibly have little incentive to care about claimants as individuals, something that I would assume is a requirement when dealing with people who have mental health problems stemming from previous trauma. For some people this had a significant and destabilising effect on their mental health. Ultimately, I believe that engaging in this 'battle' for legitimacy risks causing further harm, including traumatising/re-traumatising people who are ill, however, the only alternative is reliance on family or poverty and destitution. Overwhelming evidence from this research shows that a system purportedly designed to help vulnerable people, perpetuates structural and emotional drivers of distress creating a negative cycle of mental ill health and poverty.

This insecure system alienates claimants – the battle for legitimacy, the retraumatising, the complexity and constant reforms serve to push claimants into a position where they do not want to deal with the system beyond the basic engagement required for claiming and receiving their benefits. Again, this mitigates against what the policy makers claim they want the welfare system to achieve: engaging with claimants to help them back into the labour market (or providing them with enough financial security to not have to find paid employment). The narratives collected strongly suggest a need to question the fundamental ethics of the welfare support system, with an urgent need for review of its processes on humanitarian as well as practical and economic grounds.

Finding 2: Connecting with 'Others' as Resistance

As I have commented (s.6.1), the austerity backdrop of this research provides context to the diminished services described by participants. The increased difficulties participants experienced in their daily lives were attributed to decimated resources caused by austerity and poverty, heightened by their fear of impending welfare reform and a social 'insecurity' system (see finding 4). Participants expressed that they always felt the threat of destitution, with some experiencing it directly. Socially excluded people, as well as those living in poverty and people with mental health problems, have been hit the hardest by austerity policies due to cuts to welfare benefits alongside social services (Levitas, 2012; Garthwaite, 2013; Hasting et al., 2015; Cantillon et al., 2017; Cummins, 2018) which further exacerbates isolation and experiences of poverty. Social isolation, which stood out in the narratives shared, has been correlated with greater morbidity than obesity, smoking and hypertension (Pantell et al., 2013). In Chapter 6, I explained how, through being unemployed, experiencing mental illness and having few community resources the men interviewed risked their social position being denigrated.

Under increased surveillance and scrutiny from the welfare state, participants had to navigate and manage their identities by drawing on social capital, such as through sport and voluntary work. Maintaining wider social networks was important to all participants, although for some this was unachievable due to their health or a consequence of funding cuts to community provisions. It was evident that the homogenised stereotype of lazy, fraudulent claimants constructed in politics and media narratives masked the reality of complex, reflexive individuals who are expending a vast amount of energy dealing with their mental illness, living in poverty and crucially, seeking to represent themselves as 'legitimate' in the eyes of the state in order to avoid destitution. This is a finding also reached by many conducting research with benefit claimants including, but not limited to, Lindsay and Houston, 2011; Patrick, 2011, 2016; Shildrick and MacDonald, 2012; Shildrick et al., 2012; Tyler, 2013; Garthwaite, 2013, 2014; MacDonald et al., 2014; Fletcher et al., 2016; Manji, 2017; Jeffrey et al., 2018; Wright and Patrick, 2019. With this in mind, I would argue that social connections provide a tool of resistance to help marginalised individuals to legitimise their own identity or to foster a new identity (i.e., from worker to volunteer). One of the participants, David, explained: "*I'm not looking for a paid job, I've got three/four jobs that are all voluntary and I'm happy with that. I don't want the money, I'm not interested."*

Paid work is at the centre of UK social security policy and as Chapter 2 tracked, an emphasis on "work as the best route out of poverty" was a central tenet of the New Labour governments from 1997-2010, a belief maintained and exacerbated by both Coalition and Conservative

governments through to today. Wright (2012, p.322) points out that welfare-to-work policies impose the idea that if you are not a “worker” then you inhabit the spoiled identity of “welfare dependent”. As 10 out of 17 participants were engaged in voluntary work it was clear that ‘work’ remained important to participants’ identities, such evidence goes against claims of a ‘dependency culture’ supposedly evident among IRB claimants (Dean and Taylor-Gooby, 1992; Garthwaite, 2013; Patrick, 2015). It also helped them to avoid the boredom, irritability and unstructured days often associated with unemployed men (Kelvin and Jarrett, 1986; Hutchens, 1994; Bauman, 2004). Participants emphasised that this form of work, through its voluntary nature, was both meaningful and without pressure. All the men in this study expressed an eagerness to be engaged in a wider community.

Through demonstrating the actions of participants in Chapter 6, I advocate the need to broaden definitions of ‘work’ to include other societal contributions including care work and volunteering (this is consistent with Patrick, 2015: see also Lister, 2003; Dwyer, 2010). Furthermore, the ongoing pressure from the state to enter paid work (as well as managing chronic/fluctuating illness) was a deterrent to people from engaging in voluntary work, but this must have a higher value in society (see Recommendation 3). Brown et al. (2014) have emphasised the value of social networks to enable people to share their experiences. Activities, of volunteering or participating in community groups, provided the opportunity for participants to connect with people that understood their defended characteristics: their status as mentally ill, unemployed, and working-class. What was important in this research was that opportunities to engage were disappearing.

‘Othering’ (detailed in s.3.1.5.2) is a common phenomenon described in much sociological literature, including research concerning benefit claimants (see Shildrick et al., 2012; 2013; Shildrick and MacDonald, 2013; Chase and Walker, 2013; Garthwaite, 2014; 2016; Patrick, 2014; 2016; Pemberton et al, 2016). ‘Othering’ did not emerge in this study, alternatively, participants appeared to have an affinity for developing bonds with people like themselves. Research such as Peterie et al. (2019) show that unemployed people withdraw from social networks to avoid stigma-related shame which was a major factor in social isolation. Perhaps what is different in the circumstances of my research is that the men are, although it is experienced unstably, ‘legitimate’ as IRB claimants. Unlike other unemployed people they can build a relationship with others who are also ‘legitimately ill’. The men sought environments where their status as unemployed and mentally ill was known, as this provided a connection with others. The role of the women in these men’s lives was also found to play a part in helping them maintain social contacts.

Although ‘others’ were rarely discussed there were examples where participants demonstrated empathy towards such groups (s.6.2.1), acknowledging that media portrayals can be divisive, such as the example from Gerard:

> *I think they try to make it look – or make people seem badder* [sic] *than they are. “A woman with six children claiming £20,000 a year on benefits!” OK, well, she’s got six children, give her the bloody benefits – she needs them!”*

The neoliberal shift described, including the intensification of welfare conditionality and sanctions, has been legitimised by the stigmatisation of benefit claimants in popular media and mainstream political narratives. Yet this was not something participants discussed.

Finding 3: Legitimacy and Gender Divisions

Chapter 3 described that the intention of focusing this doctoral study on men came from an identified research gap in the male experience of welfare reform, principally when we consider the largest group of IRB claimants are men with mental health conditions (Chapter 1). From the outset, this research has focused on the lived experiences of men who have a socio-economic position of ‘dependency’ on the state due to their mental illness. The increasingly punitive welfare regime, however, in its efforts to reduce or remove ‘dependency’, has pushed individuals back into being ‘dependent’ on family (viewed as a legitimate dependency). There is research into stigma, poverty and unemployment on men (Dolan, 2007; Gibson, 2007), women (Millar and Ridge, 2001; 2020; Skeggs, 2005; Millar, 2007; Ridge, 2007; Luna, 2009; Jensen and Tyler, 2012; Peacock, 2013; Klett-Davies, 2016; Greer-Murphy, 2017) and partnerships (Bennett and Sung, 2013; Connolly et al., 2014; Griffiths, 2017). Yet the growing body of conditionality research has not yet explored this explicitly. There is a deficit in qualitative research with men specifically, the present research on both men and women exposes gaps of knowledge about gender and relationship dynamics related to welfare reform.

In private spaces, such as the family, the work of caring and acting compassionately has traditionally been assigned to women (Beneria et al., 2003; Greer-Murphy, 2017). Furthermore, the financial support offered by the state is not only reduced but also increasingly conditional and intensively governed (Watts and Fitzpatrick, 2018). The 1980s saw the reduction in state support especially for mental health care through ‘care in the community’ policies. The UK government divested the employment costs in the affected fields and transferred care work onto families, usually women, who assumed responsibility but were not paid (Glucksmann, 2005). This approach has been magnified under austerity where women

experience a ‘triple jeopardy’ owing to welfare cuts, rising work insecurity and reduced service provision (Fraser, 2013; Greer-Murphy, 2017; Durbin et al., 2017; Emejulu and Bassel, 2018). The social security system increasingly relies on the support of family members, specifically women, as a substitute for a ‘welfare state’ that the ideology of austerity has delegitimised (Craddock, 2016; Greer-Murphy, 2017;).

Studies have shown that the Coalition government reinforced stereotypes that welfare policy and its impacts are gender neutral (Richards-Gray, 2020). Beyond my initial suspicion that a ‘neoliberal turn’ (s.2.2) deepened the stigmatisation of IRB claimants (argued in Chapter 2), it also emerged in the research findings that the ‘neoliberal turn’ has intensified gender divisions. The value of unwaged labour, such as care and reproductive labour is overlooked in relation to the measurement of productivity and economic worth (Beneria et al., 2003; Bezanson and Luxton, 2006; Riley, 2008). Greer-Murphy (2017, p.23) describes this as a “simultaneous erosion and intensification of gender” whereby gender is erased from policy considerations. This occurs through “the progressive detachment of individuals from social networks and supports” while “responsibility for systemic problems is handed to the individual” (ibid.: see also Bakker, 2007).

As the central argument will explore further in the next section, I contend that IRB claiming is a ‘battle for legitimacy’. The role of relationships with salient women emerged as crucial in providing legitimacy and supporting the men in this study to maintain a role in wider social networks (finding 2). On reflection, my surprise at this finding was quite naïve, as this research took place against a backdrop of austerity-driven welfare reform that has decimated both voluntary and statutory support services. Hence, with what we know above, it is perhaps predictable that in interview data it emerged that it has predominantly been women who have taken up the role of providing both psychological/social/emotional and financial support for their child/partner/loved one.

In this study, women providing legitimacy was evidenced through participant case studies; where men, unable to assume the traditional ‘breadwinner’ role, were reliant on the financial support of a female partner; where mothers in lieu of social care provisions met their sons’ physical and emotional needs; where a caring role nurtured by women provides legitimacy in the familial home for men. As is expanded upon within s.8.1 and Chapter 4, the FANI approach lends itself to following the participants’ flow rather than the researcher’s line of enquiry. I did ask participants about their relationships with women (see Appendix 3: topic guide). This finding became apparent when, maintaining the Gestalt (detailed in s.4.2) and conducting final data analysis, I discovered a woman’s role weaving throughout each participant’s narrative.

Potentially an important direction which requires additional research, this is considered in future research implications (s.9.4).

Finding 4: Social Insecurity System

During the writing of this thesis, the UK social security system has arguably experienced its biggest transformation since its inception. Subsequent welfare reform has resulted in a reframing of ill health that has increased scrutiny and distrust of the motivations and actions of IRB claimants. The broader findings, discussed above are all a result of the 'social insecurity' system which was also demonstrated in the literature review. Under an increasingly conditional social security system, to receive IRBs, a person is required to evidence they are a legitimate claimant. If they do not, they are at constant risk of being categorised as 'undeserving'. Chapter 2 illustrated suspicion around, and vilification of, individuals who require subsistence from the state, which pre-dates the welfare state's creation. It evidenced moral judgements and policy intentions embedded in political decisions, which I argue, are influenced by the 'neoliberal turn' (s.2.2) that has influenced welfare reforms and feeds into the stigmatisation of sick and disabled benefit claimants. Research suggests neoliberal understandings of unemployment and poverty (as being the outcome of individual failure) allow structural problems, such as inequality in the labour market and lack of available jobs, to be overlooked (Wright, 2014; Daguerre and Etherington, 2016; Patrick, 2016, 2017).

The participant group have financial constraints simply by living on IRBs which in 2017, before further reforms, 60% of claimants said was not enough to live on (Vale, 2018). Yet, struggling monetarily was not a focus point of this study. Instead, participants emphasised powerlessness, fear of the DWP and the insecurity of the system. Reliance on family and voluntary sector services such as foodbanks was mentioned in passing but was not the focal point of a story. Perhaps this is due to the research focusing on men's lives and experiences rather than their experience of benefit receipt. Perhaps reliance on family members, voluntary sector services, and charity is such a common occurrence that participants did not find it noteworthy. Not having the essential subsistence to meet your basic needs such as having shelter or food, however, is likely to have a profound impact on a person's self-esteem. One of the tragedies of stigma, as Goffman famously noted, is the way in which it taints a person's social identity, i.e., their very idea of themselves and their place in society (Goldberg, 2017, p.475).

The British social security system has involved forms of behavioural conditionality for several decades (Hills, 2015), however, a 'punitive turn' began in 2010, with priority given to cost-

cutting, reducing eligibility and increasing jobseeking conditionality for wider claimant groups (Wright and Patrick, 2019). In 2012 the UK introduced the world's second harshest benefit sanctions regime in OECD and EU countries (Adler, 2018; Fletcher and Wright, 2018) with strict eligibility criteria including disabled people (Patrick, 2011; Manji, 2017; Heins and Bennett, 2018; Wright and Patrick, 2019). Hence, the Coalition government redrew the disability category through increased reliance on medical testing and reinforcing the moral narrative on deservingness. Participants, particularly those who had claimed for longer periods, were acutely aware of this shift which made their entitlement less secure. It is exemplified well by John who states "*… that* [initial assessment] *was plain sailing. Then… I forget the name of that French company that come in, ASOS? ATOS? They come in, and I was warned, "They're bastards, they're this, they're that…"* (discussed in detail s.7.3).

Chapter 3 presented the existing body of research relevant to this thesis, and emphasised the cross-cutting, interdisciplinary nature of the evidence this study draws upon. Doing so demonstrated that the growing body of academic evidence on the lived experience of conditionality is inconsistent with the policy mechanism. Many of the narratives include a 'shared typical' with participants exhibiting orientations towards employment, the strain of job searches, prevailing poverty and the fear of losing entitlement (McIntosh and Wright, 2018; Wright and Patrick, 2019). The lives of the men in this study support these perspectives. More recently, perhaps, the constant focus on reform, not just in the welfare system but across government, has led to the system becoming highly unstable for those reliant upon it. Despite this, policymakers at the UK level, appear to be disinclined to learn from lived experiences of conditionality (Manji, 2017; Reeve, 2017; Lehtonen, 2018; Jeffrey, 2018; Wright and Patrick, 2019). There is also the possibility that policymakers are not interested in these examples of lived experience, which contradict the assumptions underpinning their policies. It could be argued that some more traditional politicians believed that the previous system simply helped to reinforce the moral deficits of the poor that had been encouraged by the loosening of the structures of the nuclear family after the 'permissive society' took hold from the 1960s onwards (see ideological policy shifts outlined Chapter 2).

Successive governments have made clear that the development of a 'social insecurity system' is an unstated, or obliquely stated, policy aim, and the WCA is an apt example of this (see s.3.2.1.2). It is evident that people's access to social security is increasingly connected to their health status and ability to evidence this. Thomas et al. (2018) posit that this raises a range of ethical debates about the pathologisation of poverty and disadvantage. There is evidence too of austerity making people 'sick' through psychologically and physically wearing them out (McGrath et al., 2015; Mills, 2018). Mills (2018, p.311) describes that "stigma … insecurity,

isolation and powerlessness are key ‘austerity ailments’ that have a damaging psychological impact”. As a result, there is an unmistakeable need to examine how people experience and explain mental illness and welfare reform, within the broader biographical and situational context of their lives.

Unmistakably, it is increasingly difficult to comprehend and navigate the welfare system, leading to increased rates of destitution (Marmot, 2020). When collecting data for this research, many claimants were unaware of which benefit they were claiming and the complex rules around requirements of claiming (see Chapter 7) (also found in Saffer et al., 2018). This affects both the numbers of people claiming, and who feel it is, for them, legitimate to claim. Due to the stress of the process some people have halted their claim (O’Hara, 2014; Garthwaite, 2014) and become destitute or reliant on voluntary services. The insecure nature of the benefits system plays a role in the extent to which people see the claimant identity as one that must explicitly evidence its legitimacy. This is difficult for most claimants, but it is made more difficult for long-term claimants with mental health issues, as these conditions also have unstable claims to legitimacy and subsequent issues with stigmatisation (addressed throughout this study).

9.2 Concluding Argument: Welfare as a Battle for Legitimacy

The main research focus within this study was predicated upon the following:

> “How do men, who experience mental illness and claim incapacity-related benefits, negotiate the changing welfare system?”

In conducting this research, I wanted to shift from exploring participants’ experiences as benefit claimants to consider the men’s complex lives holistically and whether they were impacted by welfare receipt or reform. Throughout this thesis it has been shown that UK social security, purportedly designed to support marginalised people, perpetuates a negative cycle of mental illness, structural injustice and poverty for the participant group. As has been demonstrated in the findings, the current welfare system is experienced as a battle for recognition of legitimacy for some of the most vulnerable in society. Political and media narratives reinforce the idea that people ‘dependent’ on state support are architects of their own misfortune, yet claimants are systematically disregarded and denigrated with no real opportunities afforded to them to change their position (see also Cooper and Whyte, 2017). In line with other research, this study has shown that a life lived on benefits is a relentless

struggle (Shildrick et al., 2012; Garthwaite, 2013; Patrick, 2015) found to instil fear and isolation through its punitive sanctions.

The experiences of the men in this study demonstrate the abject impacts of welfare claiming and its increasingly punitive and conditional nature. This adds to a growing body of work which highlights that the neoliberal conceptualisation of 'welfare dependence', arising from personal inadequacy, is inaccurate. In both Chapter 2 and 7, I showed that the welfare system increasingly scrutinises an individual's legitimacy with regards to their status as a benefit claimant, and their 'sick' identity. Participants seeking to negotiate and manage this battle draw on social capital (Chapter 6), including formal and informal services, to rebuild social networks in the community which provided a sense of social legitimacy. For most this included the struggle between managing enduring mental health problems and creating a positive identity characterised by achievements and new opportunities, through voluntary work or engagement in community programmes. Additionally, the role of women was pivotal within the lives of participants when seeking to obtain this legitimate status (Chapter 8).

The struggle for recognition as legitimate ensues against bureaucratic procedures, derived from neoliberal welfare reforms which risk re-traumatising people with mental health problems. Participants' mental wellbeing was being affected through heightened feelings of insecurity and disempowerment by DWP processes. These men's experiences, as detailed in this study, show how a system purportedly designed to help vulnerable people actually perpetuates structural and emotional drivers of mental distress creating and exacerbating a negative cycle of mental illness and poverty. The narratives of people experiencing mental health issues claiming IRBs strongly suggest a need to question the fundamental ethics of the social security system, with an urgent need for review of its processes on humanitarian as well as practical and economic grounds.

9.3 Original Contribution to Knowledge

Through a small-scale qualitative study (discussed in depth in Chapter 4) this thesis has provided a detailed account of the day-to-day experiences of 17 men, who experience mental illness and are receiving long-term IRBs. Examining respondents' stories and narratives was of great importance and represented an original contribution to the existing literature as this type of work on everyday life, in the context of austerity and welfare reform, has not yet been done with men who experience mental illness. I would argue that this research has been able

to contrast the policy rhetoric with lived realities on the ground, adopting a psychosocial method. All of the participants were engaged in valuable social contributions, such as important family roles, membership of community groups and volunteering (see Chapter 6 and 8). I feel it is imperative to outline this as such socially valuable activities often go unrecognised due to consecutive governments' emphasis on paid employment as the sole route out of poverty (Patrick, 2015). With this in mind, I would argue that we must value the whole social contribution that people make, rather than a one-dimensional paid-labour approach.

With an additional temporal element, this research contributes to others (Chapter 3) in finding a mismatch between the popular portrayals and characterisations of benefit claimants and claimants day-to-day experiences. Rather than individuals who are passive 'welfare dependants' (see Chapter 2) participants' narratives demonstrated complex interdependent lives (Chapter 5). As well as managing the varying degrees of mental health conditions, understanding that these are also complex and varying, participants maintained connections with others, whilst navigating an increasingly confusing, insecure, welfare system. Engaging with this system is a battle for recognition of legitimacy as 'deserving of IRBs'. Although the focus of this thesis is on male claimants with mental health problems, the experiences and problems identified are likely to be shared by other claimants. Thus, the thesis has a wider reach, and some of the policy recommendations suggested in s.9.5 would be advantageous to all claimants.

There are significant numbers of quantitative and econometric studies that assess the impacts of welfare reforms on benefit claimants which tend to have a focus on returning claimants to the labour market (linked to the disingenuous discourse of work being the best route out of poverty). This study provides an alternative perspective to this and builds on and extends existing research. To obtain a clear picture we require both stories, close grained detail and statistics. User engagement is a crucial part of evidence-based policy design and connects to an ethical imperative to give voice to marginalised people. This study is located firmly within the qualitative literature that aims to explore how the welfare system impacts on people's lives. But it goes beyond this relatively narrow focus to understand these men's lives, as they do themselves, in a more holistic fashion, not as benefit claimants, but as men, fathers, partners, sons, football fans, 'Scousers', mental health patients, and all the other aspects of their lives that such policies fail to engage with, but that have profound effects on how the men navigate the social 'insecurity' system.

Understanding people's stories and situational context of their lives requires research to shift from a clinical gaze that the welfare state similarly imposes upon people's experiences. This

study contributes towards and complements the growing body of welfare literature, offering a new methodological insight for understanding male IRB claimants' lived experiences. This has significant implications for the ways that we offer support and has shaped the key messages for policy makers. During ongoing welfare reform and debate, it is imperative that the experiences reported in this research are elucidated and disseminated. Although conducted in the current UK context, there is international relevance given the focus on policies of austerity.

9.4 Limitations and Future Research Implications

Following the 2010 Marmot Report, the 2020 '10 years on' report shows that in England, health is worsening for people living in more deprived districts and regions and, "for the population as a whole, health is declining" (Marmot, 2020, p.149). The report stresses the gravity of austerity and the need to understand how people experiencing austerity policies see the resulting impact on their own lives. Similarly, it is imperative to continue research into the experience of IRB receipt as welfare reforms continue to be introduced, particularly the transition to Universal Credit, which, at the time of writing, has been associated with increased crime (Scottish Police Authority, 2018) and suicide (Cheetham and Moffatt, 2018). As this research was completed during a period of benefits system flux within the UK, participants discussed different IRBs, some were receiving DLA, ESA, PIP and Universal Credit (Limited Capability to Work). This could be considered a limitation due to a lack of uniformity, however, claimants (regardless of which IRB they received) were clear that benefit claiming caused stress and increased instability to their lives. Findings throughout this thesis were apparent in all the participants' experiences and not limited to a specific IRB.

Due to the time-restricted nature of this doctoral research it was not possible to do longitudinal investigations, however, longitudinal studies could be revealing regarding how participants experienced the welfare transition and continue to do so in future. As described in s.4.3.2 participants' lives changed between our two interviews (usually a week apart). It would be valuable to have the opportunity to re-connect with the men and find out how their lives have adapted and changed. The study was based on a small sample and did not aim to be representative, as this is not the point of qualitative research. It has, however, made an important contribution to the research on the responses of people with mental health conditions in receipt of social security. Intentionally, the central focus was the experiences of

men unable to work due to mental distress, this therefore underrepresents some groups of IRB claimants such as people with physical disabilities.

Apart from one participant with dual heritage, recruited participants were white British. I would have welcomed more diversity in the sample to enable insight from people of different ethnic and cultural backgrounds. It was not feasible, in terms of the recruitment time scale, however, to include ethnicity in the sampling process. Further studies could consult service user groups to explore the experiences of ethnic minority groups who claim IRBs due to mental distress. Isolation was a common experience for those interviewed, however, participants were recruited through gatekeepers at organisations. Therefore, others who are not involved in such groups, and potentially more isolated, were not able to be accessed. Similarly, this study was restricted to Merseyside and findings may not be representative of those across the UK.

As I have argued throughout this thesis, there is a need to focus on the experiences, perspectives and everyday lives of IRB claimants which are embedded in the increasingly punitive welfare system. This thesis has highlighted the importance of conducting research with men, especially in the context of recent austerity and ongoing changes in public policy and social life. I feel that this should take the form of qualitative methods which emphasise lay experience and subjectivities. To truly understand human experience, however, we need both stories and statistics. Qualitative investigations can supplement quantitative studies, both of which carry weight.

In Chapter 4, I defended the methodological choice of the FANI method demonstrating how it assisted to reveal more about the lives of participants. Consequently, this thesis details experiences of surviving, coping and managing within a 'social insecurity system' that is alternative to, and extends, what has been covered in the existing qualitative literature. Adopting a psychosocial narrative approach aligned with my research focus which was centred around the importance of preserving both the participants' outer worlds alongside their personal narratives and experiences. I wanted to obtain first-hand accounts from participants, however, my core concern was selecting a research method which minimised any risk of causing distress for participants. The FANI method recognises the researcher as part of the research apparatus as a 'defended subject' and intends to avoid imposing personal views. I valued having a data analysis group where I could be questioned on and explore my unconscious biases. The data collected represents a dialogue between researcher and participant, which helps us understand issues of representation and legitimisation and therefore must be examined. The efficiency of a data collection group in developing interpretations and reducing researcher bias has been identified by others (Jones, 2003; Meares, 2007; cited in Corbally and O'Neill, 2014, p.38) and is discussed in s.4.4.

Ultimately, I felt that FANI facilitated creation of an exploratory opportunity which participants experienced positively, expressing that the format allowed them space for reflection. A key part of this is that the method facilitates, through its conversational style and open-ended questioning, the opportunity for participants to speak freely and openly. Instead of semi-structured questions where I had decided the master-narrative was benefit claiming, I used a topic guide which intended for the direction of the interview to be led by participants. Doing so ensured that participants did not feel they were being viewed as the stigmatised, homogenous identity of 'benefit claimant' or 'mentally ill person'. This led to the formulation of themes which were not directly mental health or benefit related which became exposed in a way which may have been unlikely in more conventional semi-structured styles of interviewing.

Participants in this study possessed characteristics (men, in working class communities, claiming long-term benefits and experiencing mental health problems) which might often lead to them being viewed as a 'hard to reach' population for the purposes of research. Although I had trouble accessing potential participants through certain services due to ethical requirements set by the Health Research Authority (HRA), when I gained access, it emerged instead that the participants were isolated and hoping to be reached. There was a great deal of sadness shared by all participants and a lot of vulnerabilities, particularly discussing their health. It did not seem as if the men were trying to present as a 'worthy' claimant; often they referenced their drug use, their criminal convictions (and ongoing activity) and their turbulent relationships with partners. Crucially, active participation in the community (Chapter 6) emerged as a theme through talking about day-to-day life and how participants spent their time; it reflected that participants wanted to build connections with others, not to impress me or show a work ethic as evidence of being 'good benefit claimants'. I feel there is a risk in some qualitative research exploring the 'lived experience' of benefits, that the structure is focused on the negative circumstances of benefit receipt (which is undoubtedly difficult) and claimants' 'worthiness'. This may result in more complex, holistic lived experiences, like those collected in this study, being lost.

As already identified, this study has focused upon the experiences of white, working-class men living with a range of mental health conditions and claiming IRBs, as well as introducing psychosocial methods to this important body of existing research. It therefore leaves scope for further research to build upon the findings of this study. For example, it would be very illuminating to replicate this study with women, as the legitimacy women provided participants emerged as a finding (Chapter 8), to see what it could further reveal about gender dynamics and the intersecting harms austerity is generating and amplifying. It would also be to beneficial to conduct this research with non-binary people and other gender groups. Perhaps, the men here showed love and care through voluntary work and thus a gendered way of contributing

when traditionally women are expected to adopt caring roles. For example, we know often in research with women that their role as a mother features (Skeggs, 2005; Peacock, 2013; Greer-Murphy, 2017) whereas most fathers in this study did speak of their children, however, this was not a dominant theme (discussed in more detail in 6.2.1).

The fact that other studies repeat some of the links between experiences indicates that there is a degree of generalisability within the experiences discussed and analysed within this study. I have referred to the 'shared typical' which emerged between the two studies led by Wright and Patrick 2019 (Welfare Conditionality, 2014–17; and Lived Experience, 2011–16) as I believe it provides an excellent exemplar of the potential of qualitative researchers working together. Wright and Patrick (2019) propose Combined Study Qualitative Longitudinal Research as a new methodological approach to extend inference beyond the usual study-specific confines of qualitative generalisation (see also McIntosh and Wright, 2018). Their research presents a way to represent the "subjectivities of harsh conditionality as a social phenomenon" (Wright and Patrick, p.599). Further, Wright's study is part of the large study, 'The Welfare Conditionality Project' (discussed in s.3.2.1) which demonstrates the impact of a large-scale collaborative project, involving teams of researchers from six universities, investigating the efficacy and ethics of conditionality for 481 welfare service users in a range of circumstances. It is possible to draw more generalisable conclusions from my thesis when viewed in conjunction with these other studies.

9.5 Key Messages for Policy Makers

This research is relevant as reforms continue to impact on those who rely on benefits. Further, as I have referred to throughout this thesis, the transition to Universal Credit (a single-variable monthly benefit payment set to replace all other benefits) remains ongoing. Universal Credit brings conditionality requirements set according to individual circumstances, alongside sanctions if a recipient fails to comply with their work-related activity requirements. For IRB claimants, the abolition of the "limited capability for work" payment for those in receipt ESA/UC and in the WRAG will increase hardship and push sick and disabled people into destitution (Child Poverty Action Group, 2016; Dwyer et al., 2019). In England, employment support will be offered on a voluntary basis for specified "vulnerable groups", including disabled people, but sanctions-backed conditionality will be kept for individuals who have been out of work for over two years (Powell, 2018; Dwyer et al., 2019).

Against this backdrop what we desperately need is for a paradigm shift away from the austerity ideology implemented (and indeed extolled) by UK policy makers, who currently appear reluctant to engage with and learn from the growing academic evidence base which highlights the detrimental impact of welfare reform on IRB claimants. This includes but is not limited to: Weston, 2012; Garthwaite, 2013; Patrick, 2015; Barr et al., 2016; Manji, 2017; Reeve, 2017; Welcond, 2018; Pybus et al., 2020; Dwyer et al., 2020). Understanding narratives of those directly impacted is key to both understanding the problems with the welfare system as it currently operates, but also required if policy makers really want to help people claiming social security retrieve their "human potential" and liberate them from this (supposed) "cruel state of dependency" (Duncan Smith, 2014). With this is mind, the following are recommendations emerging from the findings of this thesis:

Recommendation 1: Reforming IRB Assessments

I have shown throughout this thesis, specifically in Chapter 7, that IRB assessments are distressing for participants, who are affected by mental illness. Consequently, they require major reform to reduce distress and risks of re-traumatising people. Such reform to welfare policy seems obvious and necessary when suicide has been a symptom of austerity thus far and explicitly linked to the processes of assessment and sanctioning (Mills, 2018). Social security needs to provide a safety net for anyone experiencing mental distress and assist them to improve their wellbeing. Yet, benefit processes can discriminate against those with mental illness and people can be left unsupported (Galloway et al., 2019). This challenges the principle that sickness and/or disability can constitute an absolute barrier to work (ibid.; Grover and Piggott, 2010; Bambra, 2011).

The welfare system investigated in this thesis has been found to instil fear and isolation through its punitive approach which sees some of the most vulnerable in society systematically marginalised. Arguably, the current insecurity of the system combined with the claimants' poor mental health keeps them out of the labour market. Driven further by conditionality, this is present from the initial process of completing forms and is a continuous negative cycle whilst claimants are in receipt of IRBs. It was highlighted that the experience of the assessment process caused anxiety, distress and was experienced as degrading to participants. This was largely because of the emphasis on medical criteria and functional limitation, which often did not allow people to express the reality of their mental health condition. I would recommend exempting claimants from face-to-face assessments where they have clear medical evidence

of mental illness. This requires more weight be given to the claimants' GPs, which must be facilitated and taken into consideration.

Despite the diverse nature of mental illness, participants were expected to fit their conditions into pre-defined categories which arguably overlook the unique biographical context that frames their lives. The DWP states that staff who work in "customer-facing" roles undergo a programme of learning and development in order to equip them to support vulnerable people (DWP, 2016). Conversely, all participants felt they had been dealt with inappropriately and/or insensitively. I recommend that all DWP decision makers and assessors be trained in mental health provision by a third sector organisation (as they are independent from government and value-driven) and those with lived experience. While it is important that individuals whose conditions are likely to deteriorate should have the opportunity to request greater support, many individuals with static conditions will not need such regular reviews. The frequency of assessment was also a worry for participants with long-term or static conditions. There is a need for greater awareness of the invasive nature of assessments. Where assessments are necessary, claimants should be encouraged to seek support when in attendance. Government should provide funding to advocacy services that support people in benefit processes such as assistance with the completion of forms.

Recommendation 2: Removing Conditionality

Policy makers assert that conditionality is legitimate, despite extensive evidence which highlights the detrimental impacts on people who are reliant on social security (s.3.1). It is necessary for a rethink of the intentions behind conditionality. Patrick (2015) crucially describes that an emphasis on conditionality is logical if such policies are designed with the view that claimants are idle. This is less logical if we understand such groups as busy with managing their health, coping with welfare reforms, and so on (ibid.). Research by academics such as Oakley (2016) shows that benefits for sick and disabled people need to meet their needs and that innovation in employment support can lead to more tailored and effective programmes. These interventions should be offered at an appropriate time taking into consideration identified gaps which included debt advice, rehabilitation services and bereavement support (Corden and Nice, 2006).

Conditional welfare policies are reliant on a stigmatising narrative. Tyler (2014) describes this as 'governance through stigma'. This punitive nature of the DWP is counterproductive, pushing participants further away from transitions into employment (where it was a realistic option). Instead, participants felt that they would be punished for their attempts to do so and

consequently avoided all engagement. This policy is deeply concerning as it is premised upon the notion that disabled and/or sick people are workless because of supply-side factors (their attitudes and character), rather than the demand for their labour power (Roulstone 2015; Grover, 2017) or that their mental distress prevents them from, engaging in paid employment. Research has shown that formerly employed individuals who enter poorly paid and insecure work are more likely to experience chronic stress than those who remain unemployed (Chandola and Zhang, 2017). Feeling forced to take up employment may reduce self-esteem, mental and physical health as well as quality of life (Thomas et al., 2018).

While it is positive to inform people about the availability of support, the punitive and coercive/compulsive way that the welfare state is now viewed/experienced deters people from engaging meaningfully in any interventions. Threats do not motivate and participants in this study described how they had at times chose to rely on foodbanks, beg on the street, steal from shops, or go hungry instead of attempting to access the world of employment by engaging with the Jobcentre. In recent years we have witnessed increasing levels of poverty within working households (Marmot, 2020) and many receiving IRBs are still often living in poverty and experiencing deprivation. International systematic reviews such as Simpson (2021) and McAllister et al. (2018), found that more generous welfare measures are associated with better mental health outcomes, whereas, broadly, austerity is associated with poorer mental health outcomes, including increased suicide rates (see also Naik et al., 2019). It is necessary to understand that moralising and pejorative narratives around unemployment due to illness may push people towards situations could ultimately reduce, rather than improve, their quality of life.

Recommendation 3: Value Unpaid Contributions

Currently the UK government focus is on socially conservative ideas extolling the work ethic and value of ‘hard work’, translated into paid work, which furthers the increased stigma for those unable to work today. This outdated view stems from the Poor Law of 1834 and displays the story of British citizenship to be one where “employment and being a legitimate citizen are densely intertwined” (Warren, 2005, p.301). It is important, however, to recognise that “the phenomenon of poverty cannot be explained by the insufficient spread of the work ethic” and “one can remain poor while in full employment” (Bauman, 2004, p.37). Findings in this thesis (particularly Chapter 6) have demonstrated the invaluable (unpaid) contributions participants were making to their families and communities and it is crucial that the DWP considers the value of this. Changes to existing arrangements should seek to emphasise the contributions

that sick and disabled people make to society and be contextualised as helping to advance people's citizenship.

The UK government needs to reconsider the current valourisation of paid employment and give more recognition to activities such as voluntary work, participating in community groups and peer mentoring schemes and the overall social contribution they make to society. A paradigm shift is necessary, where society recognises the multitudes of labour activity which occur irrespective of socio-economic relations. This is conceptualised by Glucksmann (2005, p.28) who states: "While paid employment is the dominant mode in modern industrial societies, work is also conducted in a multiplicity of ways, many of which are on an unpaid basis in the household, community and the public formal sphere". Although many participants found work difficult to engage with, the vast majority were actively involved in volunteering. This should be accorded equal value with paid work in public policy. Further, such work is increasingly important given the backdrop of diminishing services. Moreover, the contribution that people who are unable to work make to wider society is often unrecognised.

9.6 Overall Concluding Comments

This research set out to develop a deeper understanding of the experiences of some men who are in receipt of IRBs due to mental health conditions. The focus was to obtain a more detailed understanding of this group against the backdrop of a changing welfare system. Doing so, it has provided an insight to some of the devastating consequences of austerity, arguably, the bureaucratic face which legitimises institutional violence through stigmatising the receipt of welfare. It contributes to future studies in the body of welfare literature by considering men's mental health juxtaposed with welfare reform, as well as the application of psychosocial methods to this research.

This thesis considers and analyses psychosocial dimensions of an increasingly punitive and unstable welfare system. Arguably evolving from neoliberal ideology, this has been connected to historically significant levels of inequality and stalling levels of social mobility (Wilkinson and Pickett, 2009; Shrecker and Bambra, 2015; Institute of Fiscal Studies 2017, 2016, 2015; UN Report, 2019; Marmot, 2020), inequities in the welfare system (Hills, 2015), and a profusion of cultural forms of class denigration (Skeggs, 2004; Tyler, 2013 McKenzie, 2015;). Poverty and health inequalities, instead of being considered structural and systemic issues, are viewed as rooted in the failings and practices of individuals with political discourses largely focused on blaming individuals for their faults. There is increased recognition that it is not simply poverty that causes exclusion and associated pathologies, but rather its relation to the extent of the income and wealth divide in unequal societies (Wilkinson, 2005; Wilkinson and Pickett 2010; Marmot, 2020). The narratives shared by participants all portrayed the search for legitimacy, or perhaps more specifically a legitimate identity ('deserving'), within a system that increasingly makes this identity elusive and difficult to achieve.

As discussed in the introduction, working with a small sample means that the results cannot be generalised per se beyond the experiences of those who have participated in the study. However, the richness of the data which has been gained, and has allowed for the detailed analysis which followed, emphasises the strength of the FANI method. Moreover, as is exemplified throughout this thesis, there are a range of other studies (see Chapter 3) which have found similar occurrences of misrepresentation of benefit claimants and the hard work required to attain benefits to which claimants are legally entitled, marginalisation because of benefit receipt and detrimental impacts to health. The narratives of people with mental health issues claiming IRBs strongly suggest a need to question the fundamental ethics of the social security system, with an urgent need for review of its processes on humanitarian, as well as practical and economic grounds. Overwhelming evidence from this research demonstrates

that a system purportedly designed to help vulnerable people perpetuates structural and emotional drivers of distress creating a negative cycle of mental (and physical) ill health and poverty.

As this chapter has outlined, understanding how men living with mental distress talk about and experience benefit receipt has significant implications for how the social security system should support them. This research concluded on three key recommendations for policy makers. Firstly, that we need to reform IRB assessment, accept medical advice and recognise that some people are genuinely sick and unable to work. Secondly, conditionality must be scaled back as the current punitive system is ineffective in supporting the most marginalised people in society and risks causing and amplifying trauma. Lastly, we should seek to value the contributions that everyone makes to society, far beyond what can be measured in stark economic terms. I would like to reserve the last words of this thesis for some of the participants,

> *But it suits austerity, doesn't it? To come out with these headlines. And you've got all the middle class going, 'yeah all them benefit scroungers' and all that. These are ill people, these are disabled people, these are people with addictions, you know? (Paul)*

> *It's easy for the government to make, to make a big issue out of the unemployed, when... a lot of the time, it's their policies that have put us where we are.*
> *That's what I think of that. (Gerard)*

> *So, that's what I know. So, I'm relieved at the moment, but how will that go in twelve months? I'm lucky, but there's lots of people who aren't lucky. I see that happen so many times, people I deal with daily, people I know, people I work with, and they relapse. They go back through the whole thing again, and they have to go back through all that pain and turmoil again, for the sake of a few bob. (Trent)*

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List of Appendices

Appendix 1: Key Welfare Policy Timetable

Year	Action
1942	Beveridge Report: Social Insurance and Allied Services
1944	Disabled Persons Employment Act
1946	National Insurance Act National Health Services Act National Insurance (Industrial Injuries) Act
1948	National Assistance Act
1959	Mental Health Act National Insurance Act (introduces earnings related pensions)
1965	Founding of Disabled Income Group
1970	Chronically Sick and Disabled Persons Act
1971	Invalidity/Incapacity Benefit
1975	Social Security Act
1980	Social Security Acts (reform of supplementary benefit, freezing of child benefit
1983	Mental Health Act (revises role of social workers)
1986	Social Security Act (introduces income support and family credit)
1990	NHS and Community Care Act
1995	Disability Discrimination Act
1996	Job Seekers Allowance
1997	New Deal for Disabled People (NDDP)
1998	Human Rights Act
1998	Disability Rights Commission Act
2001	Low conditionality introduced for new Incapacity Benefit customers, and recipients of Lone Parent Benefit, Widows' Benefit, Widows' Pension, Income Support, Carers'/ Invalid Care Allowance, Severe Disability Allowance, Housing Benefit, Council Tax Benefit
2003	Pathways to Work (known as 'Pathways')

2003	Moderate conditionality imposed for new and repeat Incapacity Benefit and Severe Disablement Allowance customers in 10% of UK
2004	Partners of customers claiming Income Support and Incapacity Benefit (with and without children) and JSA (with children) required to attend Work-Focused Interview (WFI).
2005-2007	Conditionality for new and repeat Incapacity Benefit customers extended to 40% of UK
2008	Employment Support Allowance
2008-2011	Lone parents with youngest children aged 12/7/5 no longer eligible for Income Support based on lone parent status; required to enter JSA or, if disabled, ESA
2010	The Equality Act
2011	Work Programme (Replacing Pathways) (ends 2017)
2012	Health and Social Care Act
2013	Housing Benefit: “bedroom tax”
2013	Benefit Cap
2013	Personal Independence Payment (replacing Disability Living Allowance)
2017	Universal Credit

Appendix 2: Ethical Approval Letter from FREC

Edge Hill University

Uisce Jordan 19th November 2018

Dear Uisce,

Thank you for submitting the amendments to your research ethics application '*Incapacity-related benefit claimants: welfare dependency or welfare resilience?*' (FOHS 203) to the Faculty of Health & Social Care Research Ethics Committee.

I have pleasure in informing you that the Committee recommended that the amendments to your study are granted Faculty of Health & Social Care research ethics approval, subject to the following conditions:

1. Ethical approval covers only the original study for which it is sought. If the study is extended, changed, and / or further use of samples or data is needed the Committee Administrator, Daniel Brown, must be contacted for advice as to whether additional ethical approval is required.

2. (NHS studies only) NHS Research governance processes must be adhered to. If required, an application must be made to the HRA for approval for the research to be conducted in the NHS. NHS R&D departments (in Trusts where data is being collected) may also need to be approached for Trust permission to proceed.

3. If the project requires HRA approval and/or NHS ethical approval, please forward evidence of the approval(s) to Daniel Brown (browdan@edgehill.ac.uk) before commencing the study. FREC approval is subject to the receipt if evidence of appropriate external approvals.

4. The Principle Investigator is responsible for ensuring that all data are stored and ultimately disposed of securely in accordance with the Data Protection Act (1998) and as detailed within the approved proposal.

5. The Principle Investigator is responsible for ensuring that an annual monitoring form and an end of study form, where appropriate, is sent to the Committee Administrator (browdan@edgehill.ac.uk). The form will be sent to you at the appropriate time by the Committee Administrator.

6. Ethical approval for this research will expire on 01/09/2020. Any extensions to this date will require additional approval from the committee.

The study documentation that has been reviewed and approved is detailed below:

<doc title>	**<version no & date>**
Faculty Proposal	**V3, 06-11-18**

Participant Consent Form	**V3, 01-05-18**
Participant Information	**V3, 01-05-18**
Poster	**V2, 25-04-18**
Data Management Plan	**V1, March 2018**
Research Risk Assessment	**V1, March 2018**
Participant Debriefing Sheet	**V2, 25-04-18**

Yours sincerely

Professor Mary O'Brien

Chair of Faculty of Health & Social Care Research Ethics Committee
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Appendix 3: Topic Guide

Tell me about you - start wherever you like: in the present, in childhood – just tell me about you

[follow up in terms of detail and time periods, following order of narrative – each question]

How would you describe the kind of person you are?

Can you tell me about the first experiences of claiming benefits?

Can you tell me about times when claiming disability benefits has impacted your life?

Have you ever had any other sources of income? Can you tell me about that?

How would you describe living with an illness?

Can you tell me about support you receive?

What would you describe as the important things in your life?

What sort of things do you look forward to normally?

Can you tell me about the things that make you worry?

What would be your perfect day?

Second interview:

- Is there anything you would like to talk about/ reflect upon from last time?
- Ask any remaining question
- Follow up using participants' ordering and phrasing

Appendix 4: Exemplar Pro Forma

Pro Forma

1. Initials (interviewee/ interviewer)
2. Location
3. Age
4. Ethnicity/ religion (if known/relevant)
5. Marital status (history)
6. Family (history)
7. Children/ grandchildren
8. Health
9. Mental health issues – own and immediate family
10. Reason for claim
11. Length of claim/ benefit
12. Work/ educational history
13. Area from - geography
14. Summary of feelings
15. Interviewer/ interviewee relationship
16. Other comments/ themes/ summary

Appendix 5: Exemplar Pen Portrait from Data Collection

George Pen Portrait

George is forty-nine and has been out of employment and in receipt of benefits for around seventeen years. George has had a wide range of jobs from the age of fifteen including valeting, delivery man, and gardening. George is around 5'10, on the three occasions we have met he has worn a white t-shirt, a large gold chain, sports shorts and a black branded sports cap. He is a bald and stout man with a rosy complexion. George smiles a lot and often nervously played and adjusted the cap when walking. He did not wear the cap during interview but used with the same hand he would hold onto the table during interviews, so I think it was a way of controlling his ticks.

George struggled in secondary school, although he enjoyed sports, he had difficulty with keeping up with academic aspects. His mum had wanted him to stay at the school because of the reputation and as his siblings attended but in hindsight, he feels that he may have been dyslexic and would have been better to attend somewhere with greater support. 'I was thick. It doesn't mean I'm stupid, but maybe it was just I can't take all the work and stuff like that.' This grew to a hatred of attending where George began to 'sack it' and as a result his mother began to get fined. 'I think I was more scared, than that it bothered me, as in the work it was too hard.' He was working as a cleaner before he had a breakdown and left employment. George suffers agoraphobia, anxiety, depression, obsessive compulsive disorder, and Tourette's syndrome. During the worst point of his agoraphobia, George did not leave his home for over five years.

George experienced a lot of undeniably traumatic events, leading up to his 'breakdown' George experienced a relationship ending where he was no longer seeing his daughter, involvement in a car crash and being attacked by someone with a hammer due to mistaken identity. George was accepting about these experiences and others, 'Me mum always said out of all the lads she had I was a worrier even going through school and stuff like that… I just worry about worrying, me.' I felt that a recurring theme in George's narrative was one of loss and George was fixated on the loss of his previous home. Because of the Bedroom Tax, George had to leave his property and relocate to a one-bedroom flat. This was shortly after the loss of his mother to cancer; she had lived on the same street and George had played a significant role in her care. George had also lived on this street his entire life. The flat which he was moved to is in a different area and is the top flat of a block which has left him feeling incredibly isolated. George is struggling to adjust to the new property and has mixed emotions about the neighbours. It seemed that he missed the sense of community he had in his previous home and feels that the new neighbours will judge him because of his health. 'I say hello if I see them, that's about it. But, they're not like me old neighbours.' At times I was unsure of whether his wistful perspective of the past was a result of the injustice he felt from being moved and consequently isolated.

George expressed a lot of worry with regards to benefits and reassessment, although this appeared to be based on the stories he had heard from others. He seemed to have very limited information on the process as he had previously received support from family members (primarily his mother and uncle) or else support services. He longer feels he has any support which he felt he would need for this process and expressed a fear of the 'brown envelope', "really 'cause, see I don't really understand all me benefits 'cause me mum used to deal with all my letters and stuff." When George reflected on the past, he would also describe strong family bonds, he explained that he no longer had family and he seemed to directly link this to moving home and his mother dying, causing his family to 'crumble'. After moving to the flat

George experienced the loss of his uncle and closest brother. He does not speak to his other brother and his sister, who experienced attempted murder by an ex-partner, has been relocated to a safe house.

George has two adult daughters with different mothers. He speaks with one after sitting down with her to explain that his absence and behaviour during her life was a result of mental illness. “She could’ve said to me: ‘ah you’re a weirdo – piss off, I don’t want to know’. But she never, she done the opposite. And she’s caring”. They mainly stay in contact online. George has no contact with his other daughter, he explained that she has mental health problems including an eating disorder and he feels that she may blame him for this. George and an ex-partner also lost a son at three days old; this is something which he explained he does not like to talk about. He noted in the first interview that the loss of the baby was just before the loss of his mother. “That destroyed me, inside. But I can’t talk to people about it, I don’t know why. I can talk to you all day about me mum, but I can’t talk about the baby.”

Before the first interview with George, I met him in a café as he had asked we meet there beforehand. It was a familiar place, I rang him when I arrived, and I realised he was waiting to leave his home after the reassurance I was waiting there. I think that this was a way of ensuring his journey was a safe one, although he leaves the flat limited times now it is still something which he rarely would do unaccompanied. George has a partner who works full-time, when she is free, he enjoys going for walks with her and her dog. George enjoys engaging in day centre activities where possible however this is becoming increasingly difficult because of cuts to funding. The main activity he found beneficial was football, although he had a passion about football from childhood, it was not the sport itself but feeling a sense of belonging. ‘But it wasn’t mainly just for the football, it was seeing the lads. The lads was brilliant in the programme’.

George also experiences a range of physical health problems, these include pernicious anaemia, type 2 diabetes, hiatus hernia and high blood pressure. He explained that they were a result of his anxiety and they cause him further anxiety which has placed him in a vicious circle. George has had ongoing issues with the support he receives and talked in depth about going between support workers, psychiatrists and GPs. He described feeling as though he is caught in a system which is an endless cycle of reaching crisis and then being provided with short term support. George in general expressed the sense of isolation he felt ‘we had to take pictures of things in our lives of what we’re doing and all. And alls I took was a picture of the chair in me little tiny kitchen… I said well, I get up, make a cup of tea and then I sit in that all day, all day, all day. Then I might wash, walk around the flat. 3 o’clock in the morning I’m sitting in that chair.’

Appendix 6: Participant Information Table

Pseudonym	Age	Previous Job	Mental Health Condition	Length of Claim
Kenny	49	Senior teacher	Depression & Anxiety	1 year
George	49	Cleaner	OCD, Agoraphobia, Tourette's, Depression, Anxiety	17 years
Tony	30	Hairdresser	Depression	1 year
James	72	SEN Teacher	Paranoid schizophrenia	30 years
Bob	58	Manual labourer	Depression	2 years
Paul	46	Plasterer	Drug-induced psychosis, bipolar disorder	8 years
Chris	28	Retail Assistant	Depression & Anxiety	4 years
Pete	38	No formal employment/ Manual labourer	Depression	3 years
Barry	34	Social worker	Bipolar disorder	5 years
David	53	Business owner	Bipolar disorder	2 years
Duke	31	Sports coach	PTSD, Schizophrenia, Anxiety & Depression	2 years
Gerard	52	Insulation fitter	Depression & Anxiety	20 years
Trent	63	Manual labourer	Depression	2 years
Louis	49	Painter and decorator	PTSD & depression	10 years
Pablo	52	Manual labourer	Depression & Anxiety	10 years
John	41	No formal employment/ labour	Depression	1 year
Miguel	46	Media executive	Bipolar disorder	10 years

Appendix 7: Research Dissemination

The table below details the various methods in which I have chosen to disseminate my research findings thus far.

Type of Presentation	**Title**	**Location**	**Date**
Poster	Incapacity-related benefit claimants: welfare dependency or welfare resilience?	Edge Hill Health and Social Care PGR Symposium 2018 (Lancashire – England)	05/2018
Oral	Incapacity-related benefit claimants: welfare dependency or welfare resilience? Findings so far	UWE Committee of Psycho-Social Research (Bristol - England)	03/2019
Oral	Incapacity-related benefit claimants: welfare dependency or welfare resilience? Findings so far	European Conference for Social Work Research 2019 (Leuven - Belgium)	04/2019
Oral	Psycho-social approaches and incapacity-related benefit claimants	Edge Hill Health and Social Care PGR Symposium 2019 (Lancashire – England)	05/2019
Oral	Methodological perspectives: research with 'vulnerable' populations	Liverpool School of Law and Social Justice PGR Conference (Liverpool – England)	09/2019
Oral	Welfare dependency or welfare resilience? Methodological Perspectives	Critical Welfare Studies (Cork – Ireland)	09/2019
Written	Evidence on the impact of Universal Credit	The UK House of Commons Work and Pensions Committee – inquiry on Universal Credit	04/2020
Written	"I feel like I'm useful. I'm not useless, you know?" Exploring societal stigma for men who experience mental illness	Accepted journal article in Social Policy & Society	05/2021